

Name
in
Full

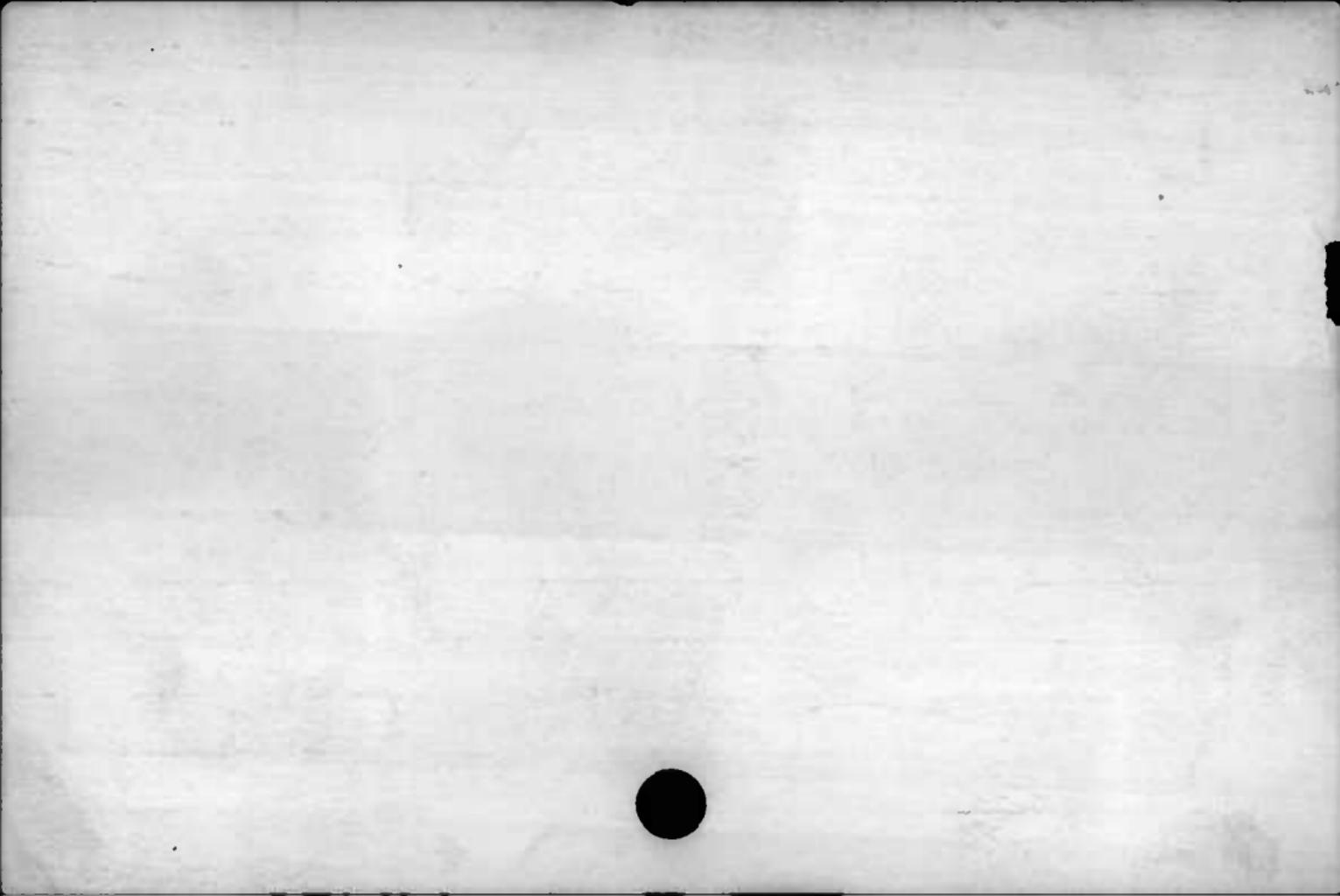
To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Parage</u>		Town	County <u>Mineral W Va.</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Mar</u>	Day <u>1</u>	Years <u>73</u>	Age <u>73</u>	Months <u>8</u>	Days <u>17</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Cabin W Va.</u>				
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Parage</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>-Catharine</u>					
Father's Name <u>Thomas Allen</u>	Father's Birthplace <u>Not Known</u>					
Mother's Maiden Name <u>Elizabeth</u>	Mother's Birthplace <u>" "</u>					
Name of person giving Information <u>Thomas H. Allen</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Paralysis</u>	<u>60</u>	How long <u>several months</u>
	Immediate <u>,</u>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Address	
<u>Yes</u>		<u>E. H. Parsons</u> <u>Piedmont W. Va.</u>	
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Mary Appel

CERTIFICATE OF DEATH

Died at

Town

Baltimore

County

Alley

MARYLAND

Date
of death

1905

Month

March

Day

8

Years

—

Months

5

Days

—

Age

Age

—

—

Sex

Female

Color or
Race

White

Birth-
place

Canada

Occupation

—

Where Residing if not
at place of death

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Wm Appel

Father's
Birthplace

W. Va

Mother's
Maiden Name

Mary Stott

Mother's
Birthplace

W. Va

Name of person giving
information

Wm Appel

How related
to deceased

Father

CAUSES OF DEATH

Primary

Marasmus

How long

Immediate

Pneumonia

93

How long

5 days

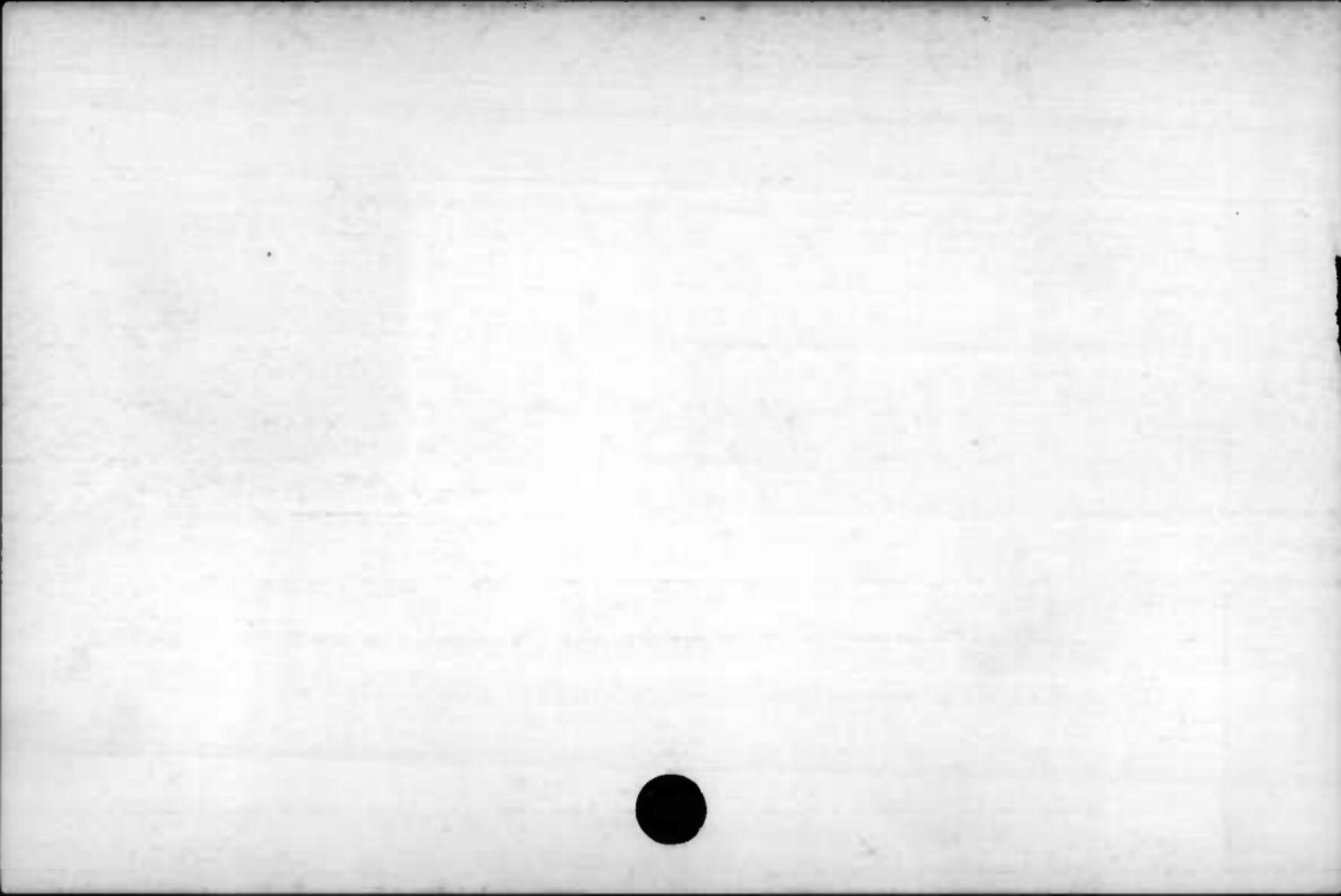
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

C. B. Claybrooke
Cumberland
Md.

Accident or Suicide?



Name
in
Full

S. Fuller Barnard

CERTIFICATE OF DEATH

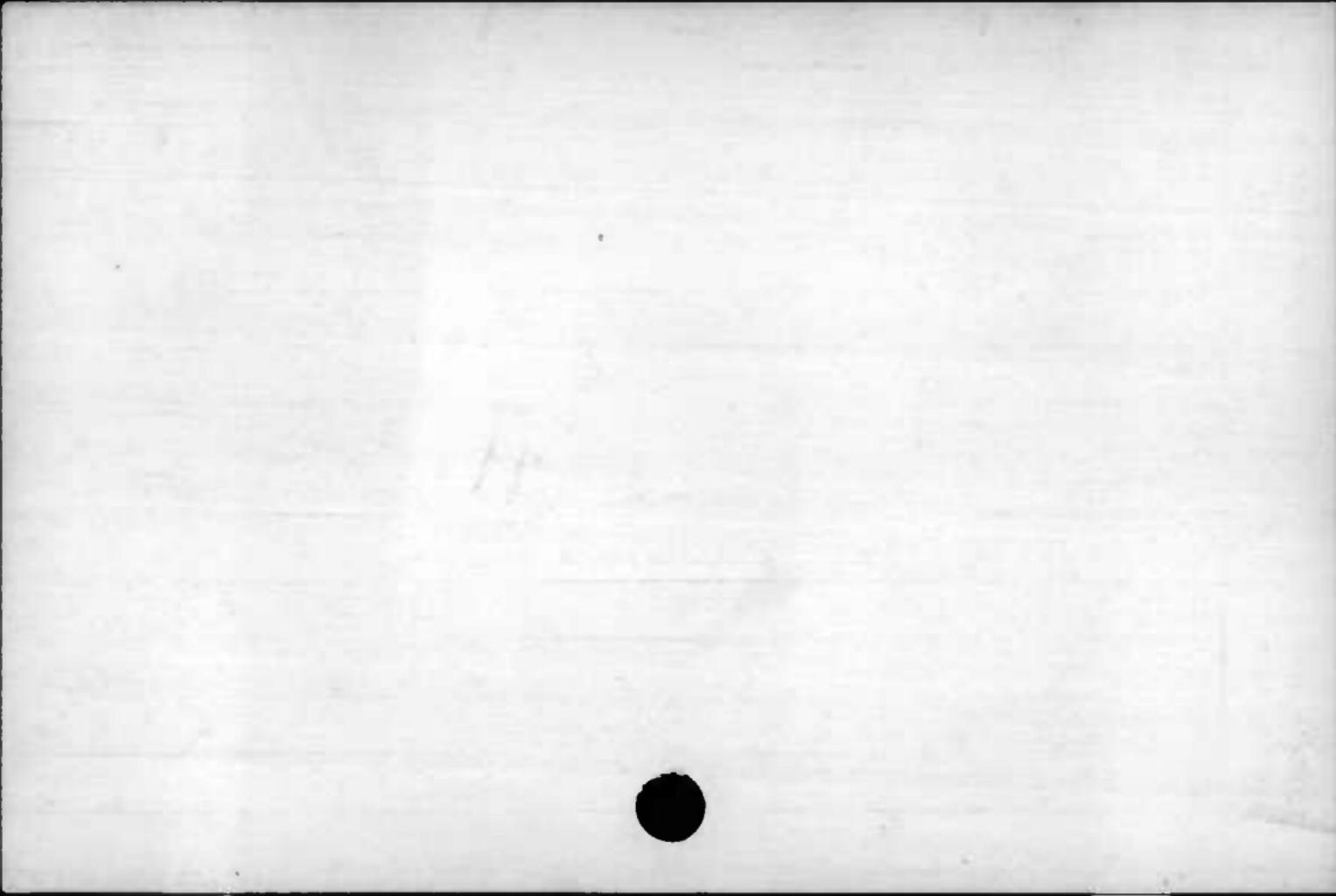
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1905		Mar	31	Age 51	-	-
Sex	Male	Color or Race	White		Birth-place	
Occupation	Cigar merchant			Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Bridget E.			
Father's Name	-			Father's Birthplace		
Mother's Maiden Name	Annie E G			Mother's Birthplace		
Name of person giving Information	Wm Barnard			Baltimore		
	79			How related to deceased		

CAUSES OF DEATH

Primary	Paralysis of the heart.	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	Dr. W. F. Wiley Pleasantland, Stein Md	

PHYSICIAN
OR CORONER



Name
in
Full

Gertrude Breutburg Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Barton		County allegany		MARYLAND	
Date of death 1905	Month March	Day 27th	Years Age 33	Months one	Days 14
Sex female	Color or Race	white		Birth- place	Barton
Married, Single or Widowed	Occupation	Married		law	
Name of Wife or Husband	P. Clarguce Barnes		Father's Birthplace		Germany
Father's Name	Henry Breutburg		Mother's Birthplace		England
Mother's Maiden Name	Matilda Cooper		How related to deceased		husband
Name of person giving Information	P. Clarguce Barnes				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

6 months

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

S. Boucher

Boston, Mass.

Accident or Suicide?

Annie Catherine Bender

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at		Cumberland	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1905	March	20	40	40	-	-	
Sex	female	Color or Race	White		Birth-place	Cumberland	
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Richard Bender		Father's Birthplace	Germany			
Mother's Maiden Name			Mother's Birthplace				
Name of person giving Information	Richard Bender Jr		How related to deceased	Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Fibroid Phthisis	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes.		Edward Harris M.D.
		Address
		854 Bedford St
		Cumberland Md.
Accident or Suicide?		

To be A.
NEAREST FRIEND

Conrad Broad, Sr.

CERTIFICATE OF DEATH

Died at <u>Shaff</u>		Town	County <u>Allegany</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>3</u>	Day <u>12</u>	Age <u>72</u>	Years <u>72</u>	Months <u>1</u>	Days <u>3</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>					
Married, Single or Widowed <u>Married</u>	Occupation <u>Miner</u>						
Name of Wife or Husband <u>Annie Broad</u>							
Father's Name <u>Conrad Broad</u>	Father's Birthplace <u>Germany</u>						
Mother's Maiden Name <u>do not know</u>	Mother's Birthplace <u>11</u>						
Name of person giving information <u>Mr. Charles Broad</u>	How related to deceased <u>Son</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia93

How long

2 weeks

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr. F. L. Clyne
Middlethian
Md.

Address

Accident or Suicide?

Name
in
Full

Edith Reed Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY

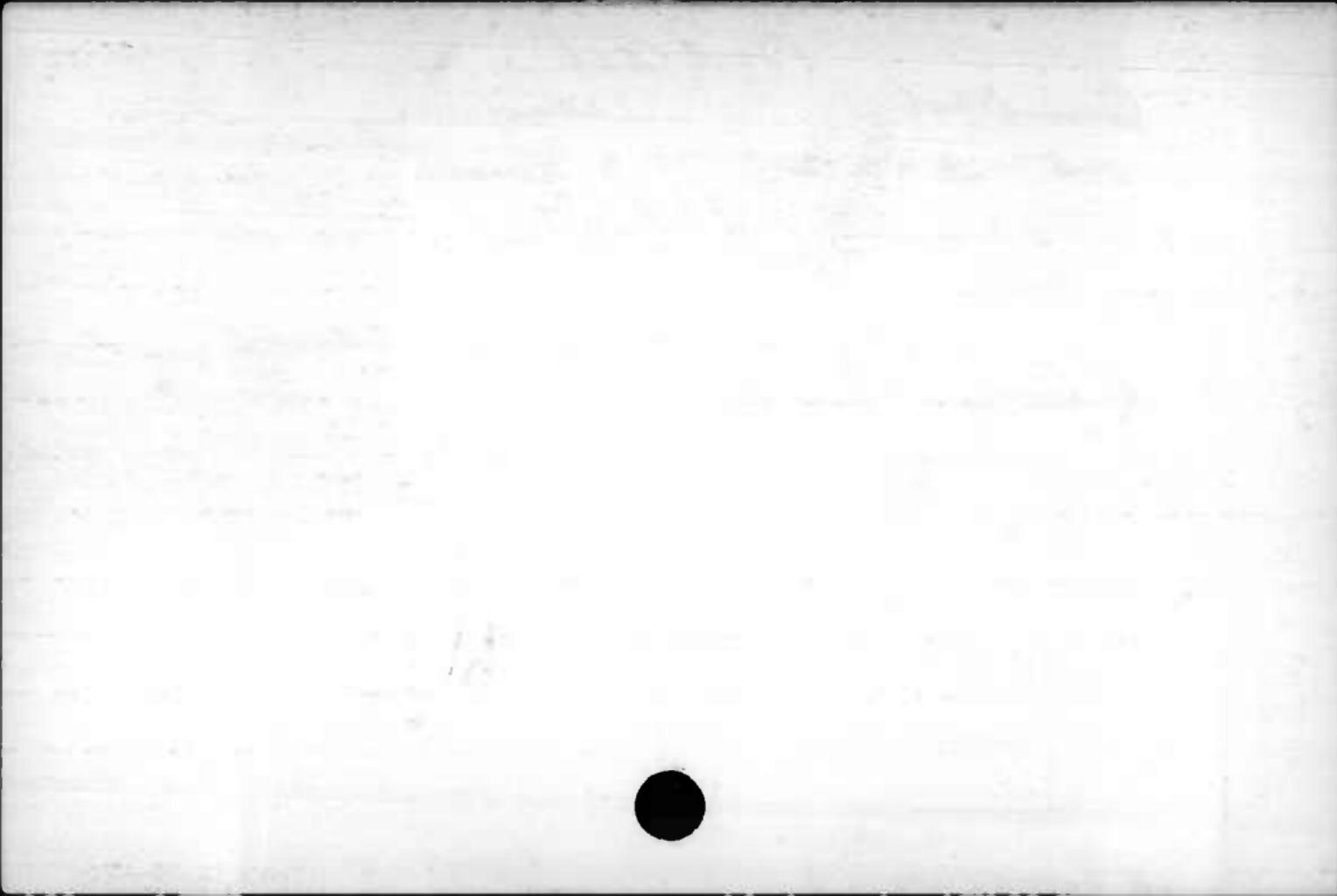
NEAREST FRIEND

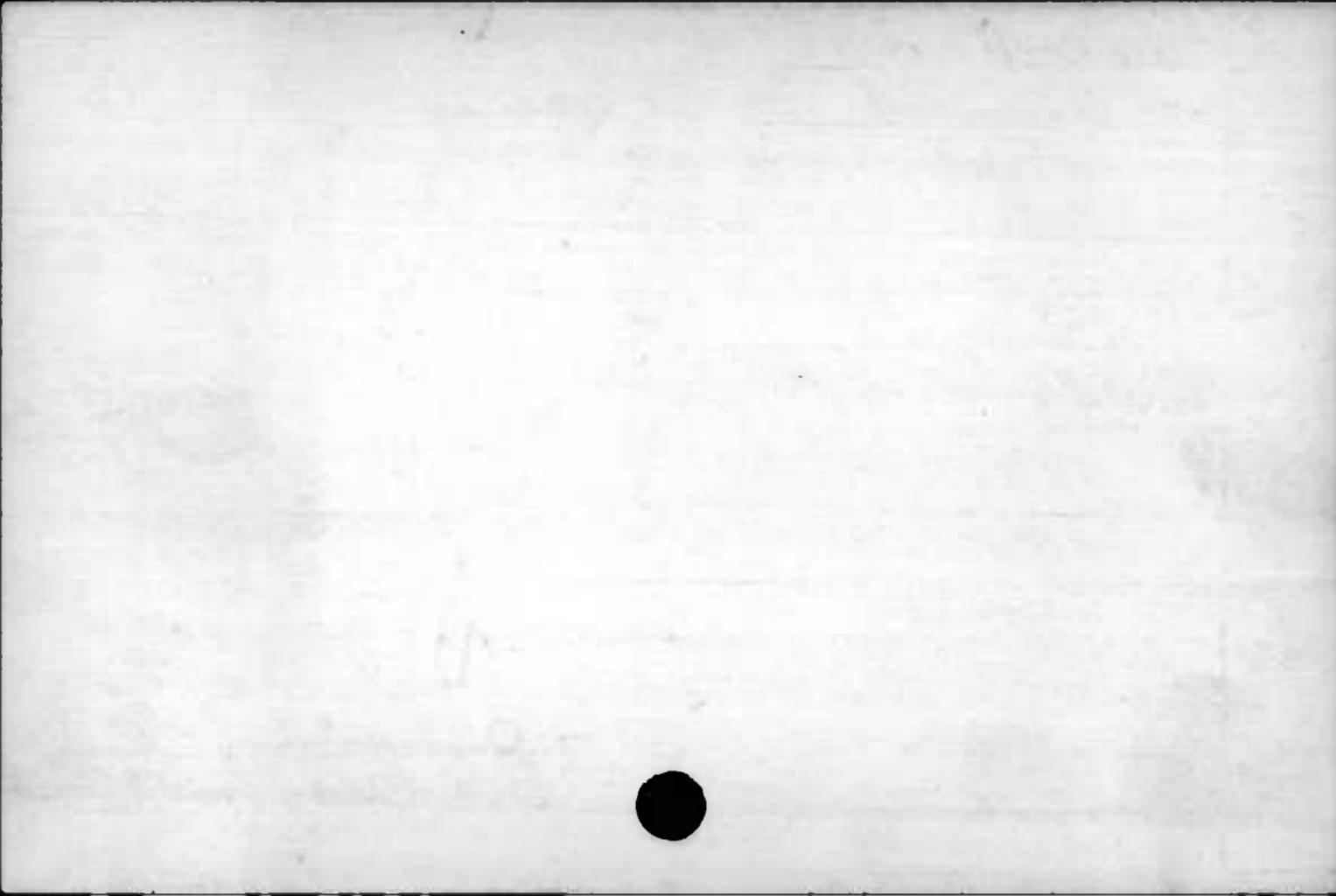
Died at <u>Sonacoming</u>		Town	County <u>allegheny</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>March</u>	Day <u>19</u>	Age <u>1</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Occupation <u>—</u>		Birth-place <u>Sonacoming</u>	Where Residing if not at place of death <u>—</u>	
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>	Father's Name <u>Wm Brown</u>		Father's Birthplace <u>Newbury W. Va.</u>	Mother's Name <u>Margaret Jane Reed</u>	
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>Bale Summit</u>		Name of person giving information <u>Mrs Wm Brown</u>	Relationship to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bronchitis - teething -</u>	How long <u>5 weeks</u>
Immediate <u>meningitis</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>James O. Bullock</u> Address <u>Sonacoming M.</u>
Accident or Suicide? <u>No</u>	





Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Willie Butcher

CERTIFICATE OF DEATH

Died at <u>Camden</u>		Town <u>Camden</u>		County <u>Acquia</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>Mar</u>	Day <u>17</u>	Years <u>11</u>	Months <u>-</u>		Days <u>-</u>		
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Camden</u>					
Occupation <u>-</u>	Where Residing if not at place of death <u>-</u>							
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>-</u>							
Father's Name <u>Frederick Butcher</u>	Father's Birthplace <u>near Camden</u>							
Mother's Maiden Name	Mother's Birthplace							
Name of person giving information	How related to deceased							

CAUSES OF DEATH

Primary

Immediate

Rail Road accident

166

How long

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. B. Claybrook.

Accident or Suicide?



Name
in
Full

David Ellets

CERTIFICATE OF DEATH

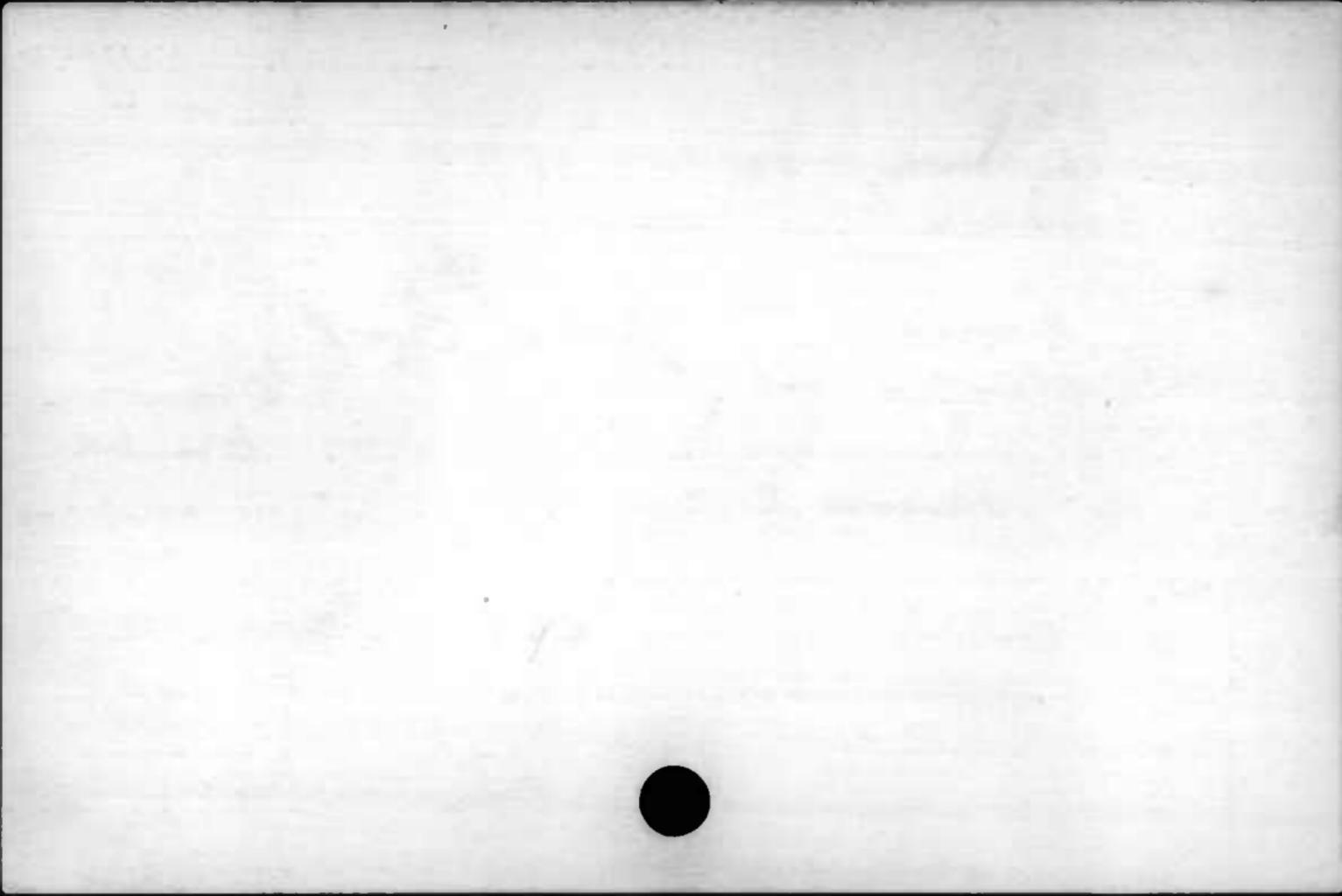
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Cumberland</u>		Town	County <u>Allegany</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Mar</u>	Day <u>23</u>	Age <u>78</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place				
Occupation <u>Blacksmith</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Rice</u>					
Father's Name <u>Joe ab Ellets</u>	Father's Birthplace <u>Da</u>					
Mother's Maiden Name <u>Mary Rice</u>	Mother's Birthplace <u>Da</u>					
Name of person giving information <u>Ellet Ellets</u>	How related to deceased <u>daughter</u>					

CAUSES OF DEATH

Primary <u>Abscisis</u>	<u>6x</u>	How long <u>10 Days</u>
Immediate <u>Exhaustion</u>	<u>6x</u>	How long <u>10 Days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. H. C. George</u>	
Address <u>Cumberland</u> <u>Md</u>		
Accident or Suicide?		



Name
in
Full

Lydia Laing Cook

CERTIFICATE OF DEATH

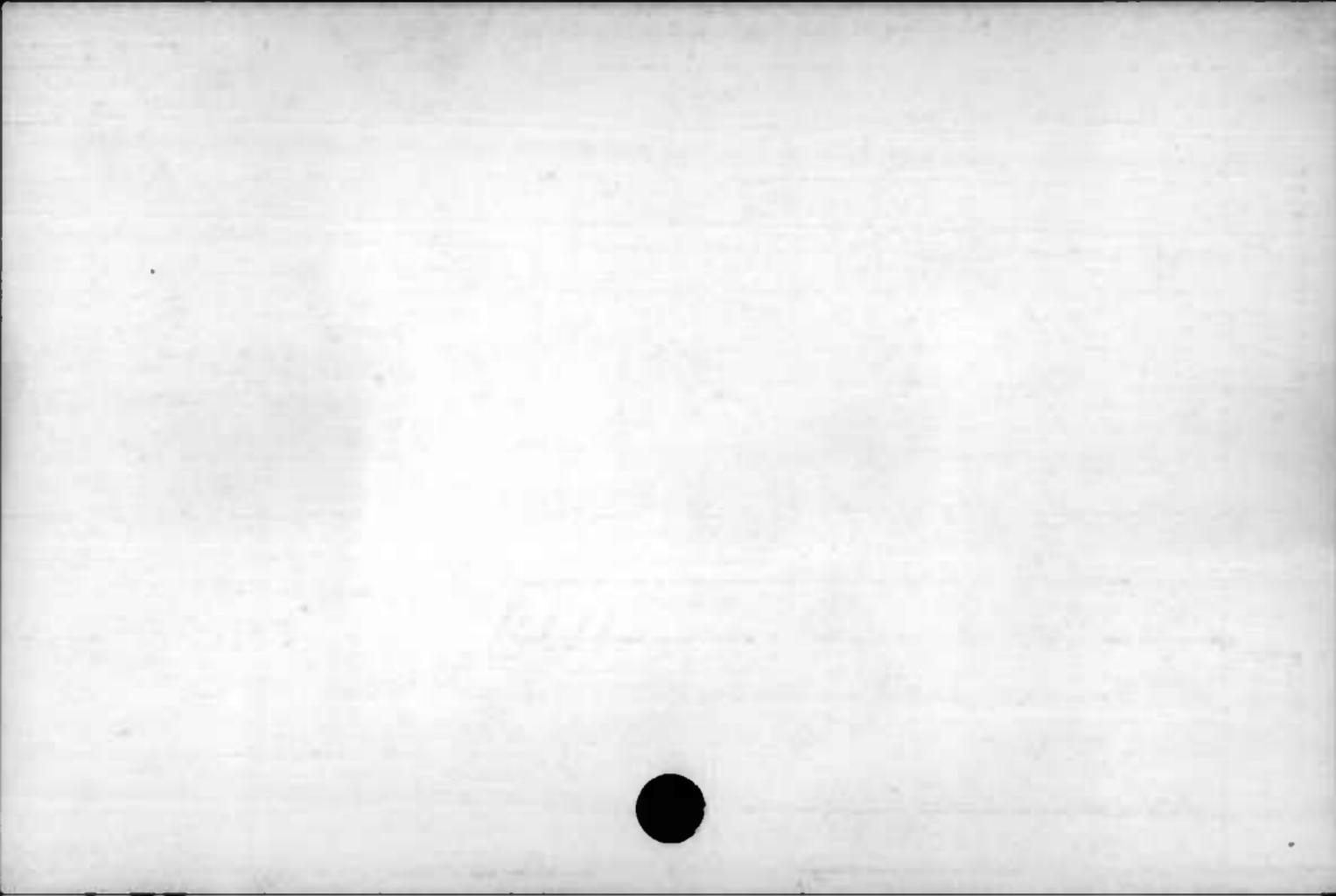
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Bunld			a cyn				
Date of death	1905	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	white		Birth-place	Bunld	
Occupation	wife		Where Residing If not at place of death				
Married, Single or Widowed	married	Name of Husband	John Cook		Father's Birthplace	Bunld	
Father's Name	Charles Whitman		Mother's Birthplace			Bunld	
Mother's Maiden Name	Temperance Walker		How related to deceased			Bunld	
Name of person giving information	Misses L. Laing					aunt.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Nephritis	119	How long	1 week
Immediate	suppression	Ammonia	How long	36 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
			Elaynuk.	
Accident or Suicide?				



Name
in
Full

Farms

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Cope Land

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	1905	Month May	Day 3	Age 73	Years	Months
Sex	Male	Color or Race	White	Birth-place		
Occupation	City Workman			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband					
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information	G. S. P.			How related to deceased		

CAUSES OF DEATH

Primary

Drowned

How long

4 Month

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

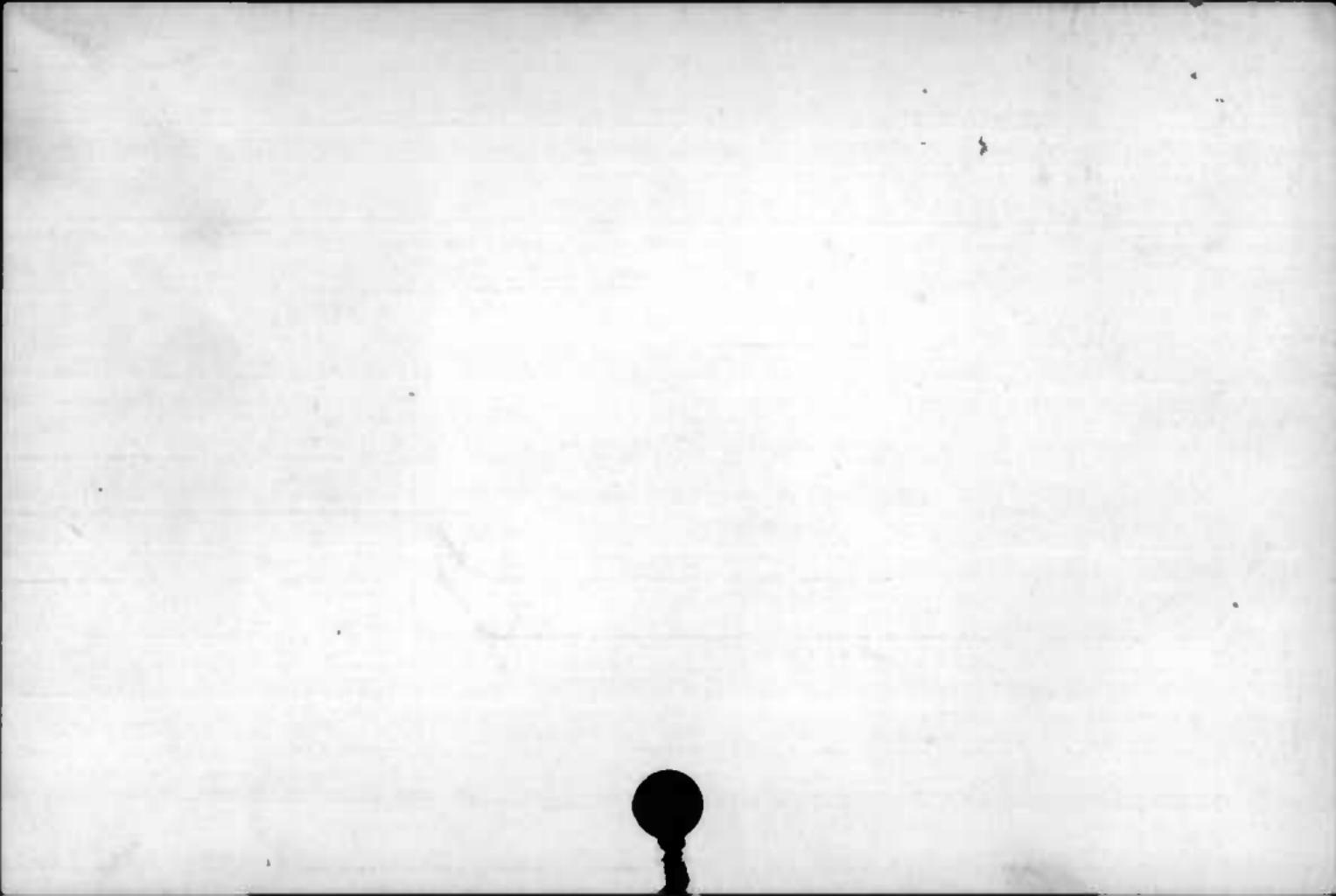
Signature of Physician

Dennis E. O'Neal

Address

Cumberland, Md

Accident or Suicide?



Name
in
Full

Berthasare Regen Crabtree

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Cumberland TownCounty Allegany

MARYLAND

Date of death 1905 Month March Day 17 Years 2 Months 6 Days 5Sex Male Color or Race white Birth-place Oakland District

Occupation _____ Where Residing if not at place of death

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Daniel L. CrabtreeFather's Birthplace Old Town Md.Mother's Maiden Name Edith N. CreekMother's Birthplace Washington D.C.Name of person giving Information Daniel L. CrabtreeHow related to deceased Father

CAUSES OF DEATH

Primary Sto - Colitis 10b How long 12 days.Immediate Incurable How long _____PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

William R. Board M.D.

Address

108 Virginia Ave
Cumberland Md.

Accident or Suicide?

2/2 - 3rd

Janet L Brabham

Size 3" 3 -

Name
in
Full

Marshall Craig

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County
Frostbry		Alley
Date of death	Month	Day
1905	3	18
Age	Years	
20	Months	Days
Sex	Color or Race	Birth-place
Mr.	W	Frostbry
Occupation	Where Residing if not at place of death	
Married, Single or Widowed	Name of Husband	
Father's Name	John Craig	
Mother's Maiden Name	Edna Hunter	
Name of person giving information	Self educated	

CAUSES OF DEATH

Primary	Pneumonia	93	How long	2 weeks
Immediate	Measles	93	How long	36 hrs

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Griffith
Frostbry

Accident or Suicide?

Frostburg Furniture & Undertaking Co.

Name
in
Full

Matthew Cryan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland

Town

County

Allegany

MARYLAND

Date of death 1905 Month 3 Day 7 Age 30 Years — Months — Days —

Sex Male

Color or Race

white

Birthplace

Penn.

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's Name

not given

Father's Birthplace

Mother's Maiden Name

"

Mother's Birthplace

Name of person giving
Information

Patent

How related
to deceased

Hospital

CAUSES OF DEATH

Primary

Pneumonia

How long

Two day

Immediate

"

How long

"

Are the name, age, sex, color, date
and place correctly given above?

Yes

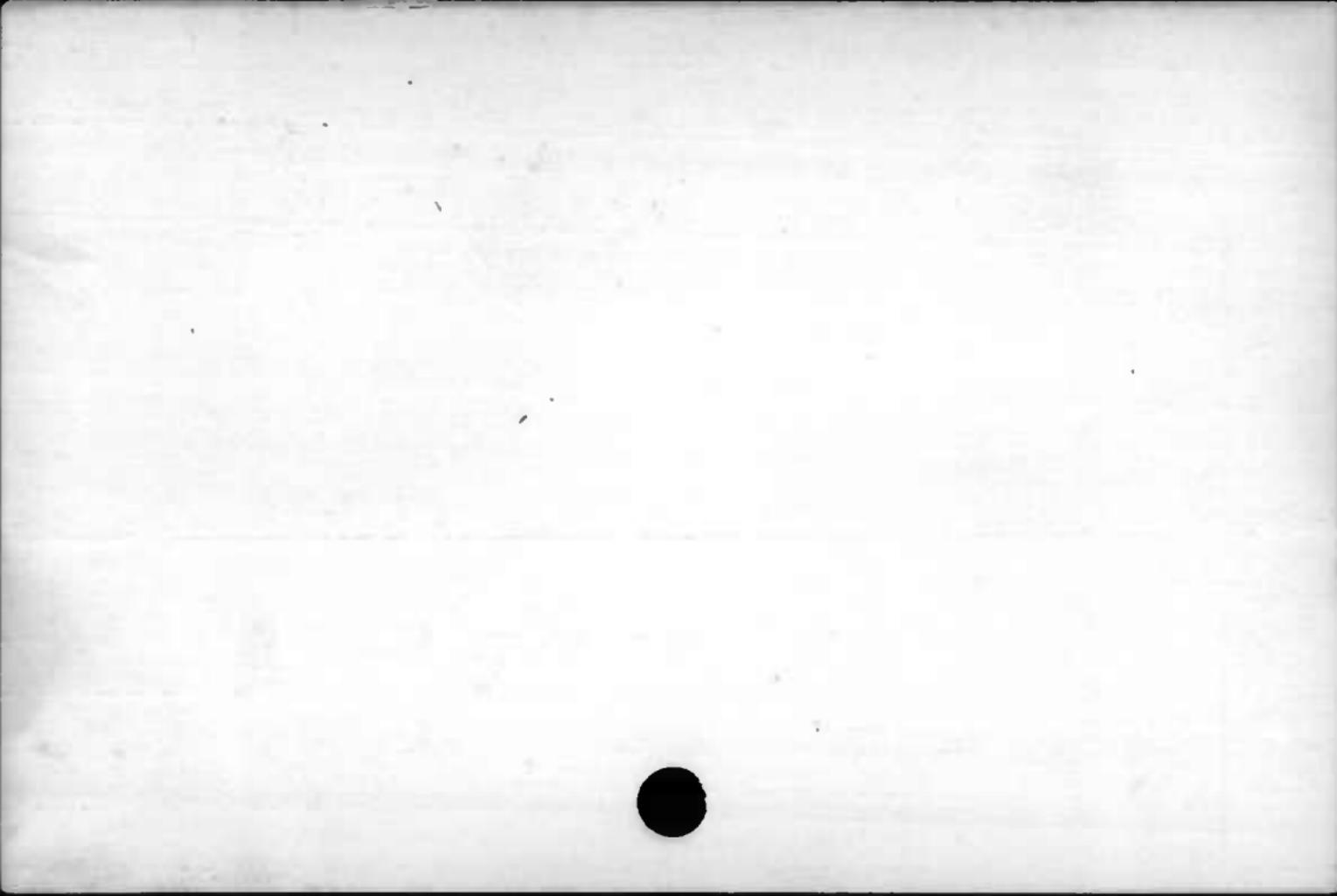
Signature of
Physician

Address

6 Brokiniarke
Cumberland
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Martha Gertauda Cunningham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town			County			MARYLAND	
Date of death 1905	Month	Day	Age	Years	Months	Days		
Sex Female	Color or Race		Occupation			Birthplace Mt. Savage		
Married, Single or Widowed Single								
Name of Wife or Husband								
Father's Name	Patrick Cunningham				Father's Birthplace County of Monroe			
Mother's Maiden Name	Martha Mattingly				Mother's Birthplace Bedford			
Name of person giving information	Mrs. Cunningham				How related to deceased Father			

CAUSES OF DEATH

Primary

Chronic Bright's Disease

How long

2 years

Immediate

Exhaustion

How long

1 week

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

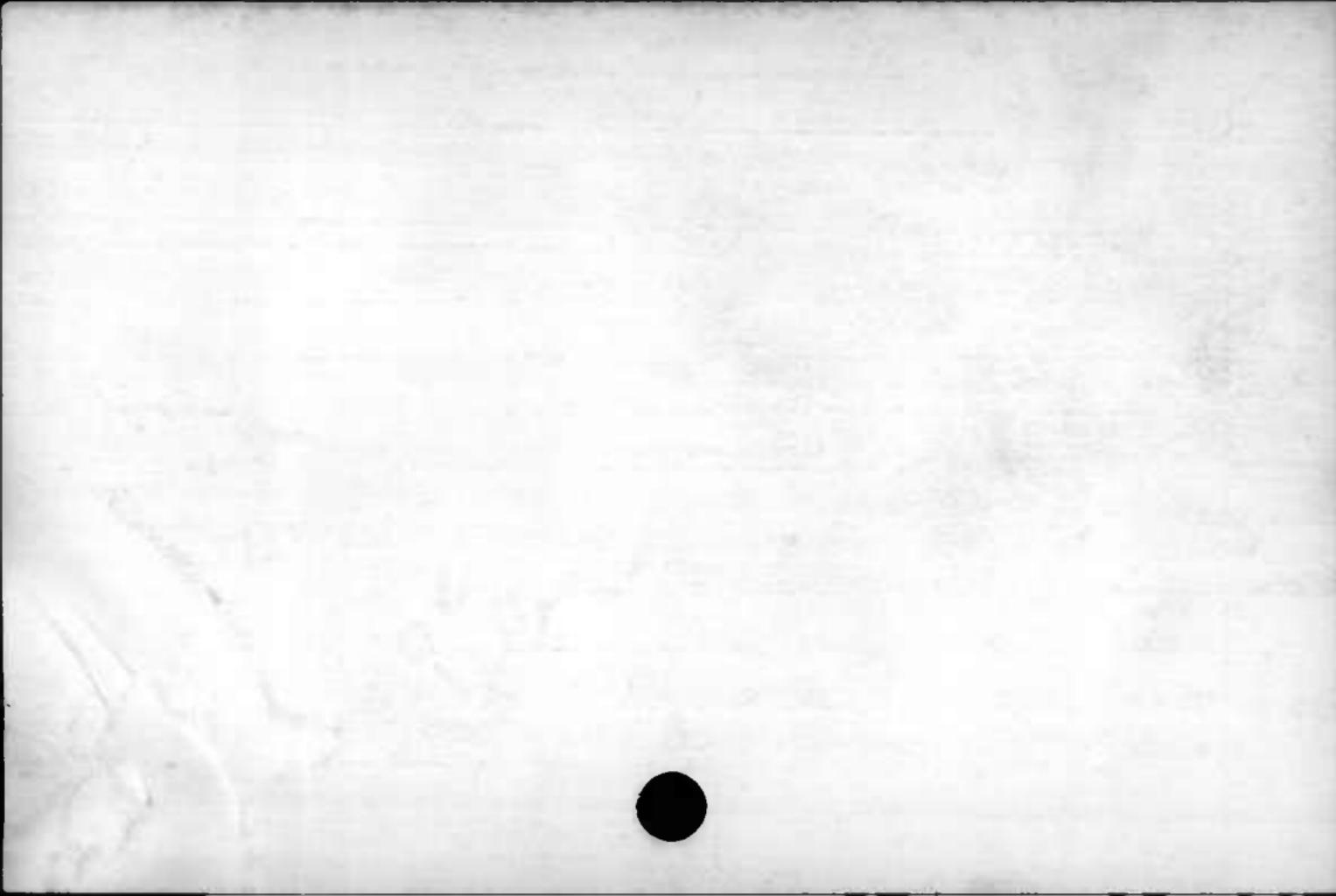
Signature of Physician

D. Alan G. Murray

Address

Mt. Savage, Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

infant -					CERTIFICATE OF DEATH		
Died at	Town	County			MARYLAND		
Date of death	Month	Day	Years	—	Months	Days	
Sex	Female	Color or Race	Colored		Birth-place	Cumberland	
Occupation	—	Where Residing if not at place of death			—	—	
Married, Single or Widowed	—	Name of Wife or Husband	—				
Father's Name	Charles Murray			Father's Birthplace	W. Va		
Mother's Maiden Name	Blanche Rose			Mother's Birthplace	Cumberland		
Name of person giving information	E. L. Johnson			How related to deceased	none		

CAUSES OF DEATH

Primary

Acute Indigestion 10⁴ ✓ How long

Immediate

Exhaustion from spasms

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

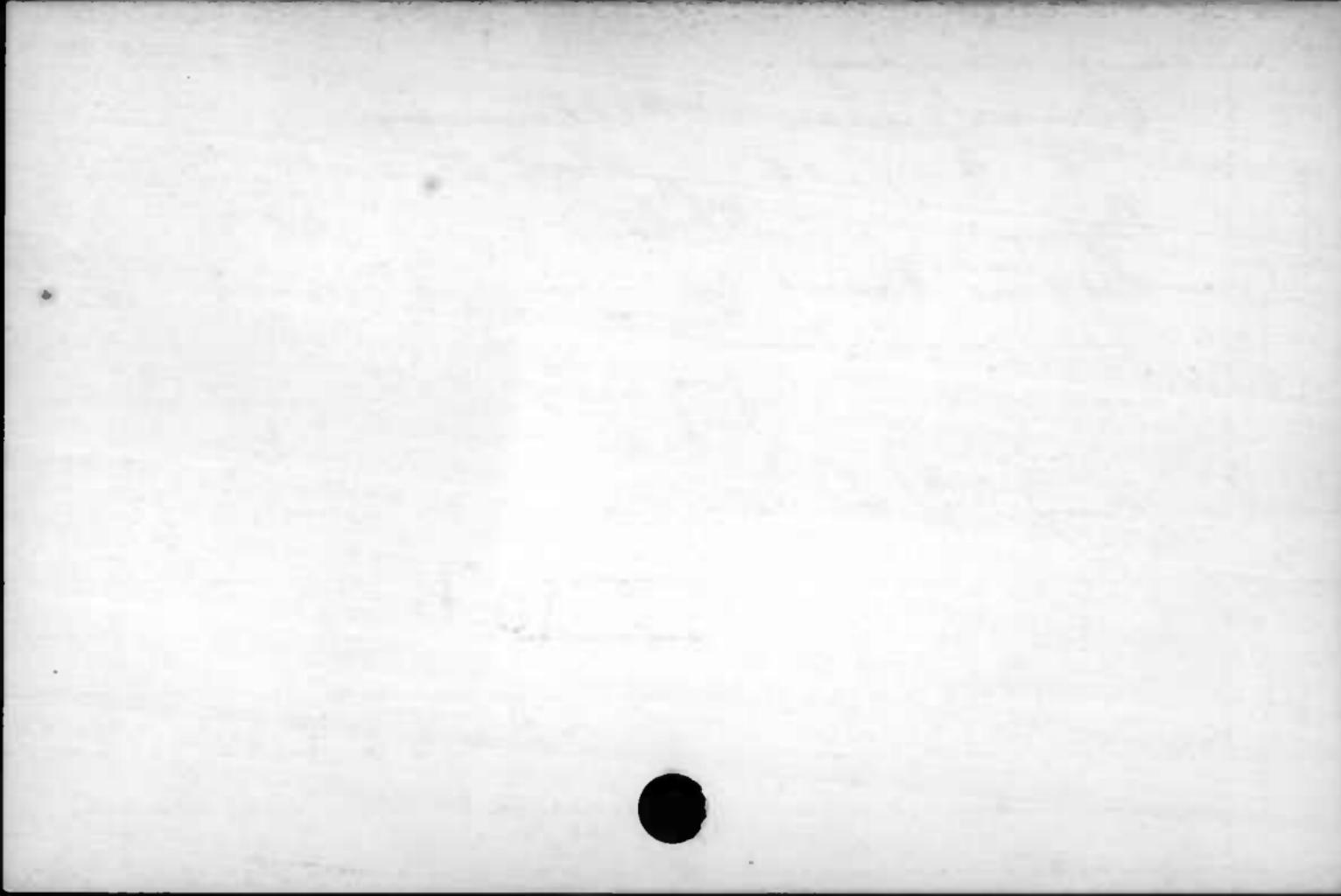
Address

Dr. S. Sparks

Cumberland

W. Va

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Frank Dickey

Town

3/12/1.

CERTIFICATE OF DEATH

County

MARYLAND

Died at Cumberland.

Date of death 1905 Month 3

Day 12

Age about 30

Years

Months

Days

Sex Male

Color or Race

White

Birth-place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving
Information

How related
to deceased

G. J. Beller

CAUSES OF DEATH

1921

Primary

How long

Immediate

Drowned.

How long

Are the name, age, sex, color, date
and place correctly given above?

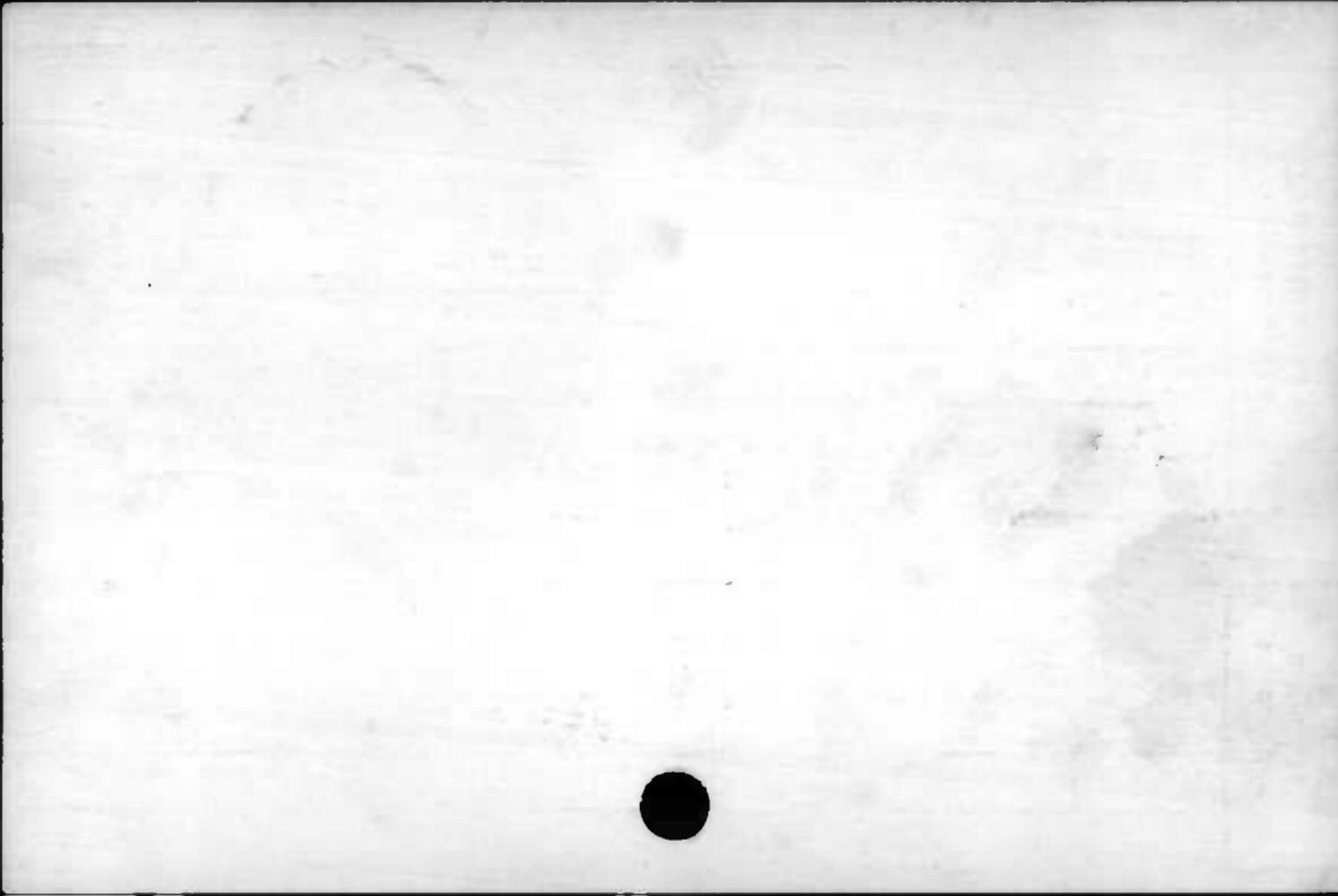
Signature of
Physician

Dennis E. O'Neal

Address

Cumberland 116 D

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Baltimore</u>		Town		County <u>Allegany</u>			
Date of death <u>1905</u>	Month <u>March</u>	Day <u>5</u>	Age <u>1</u>	Years <u>—</u>	Months <u>—</u>	Days <u>4</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Baltimore</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>						
Father's Name <u>D. F. Daugherty</u>			Father's Birthplace <u>W. Va</u>				
Mother's Maiden Name <u>Nellie McKee</u>	151		Mother's Birthplace <u>W. Va</u>				
Name of person giving information <u>D. F. Daugherty</u>			How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Generator Burn

How long

1 mo

Immediate

Exhaustion

How long

4 days

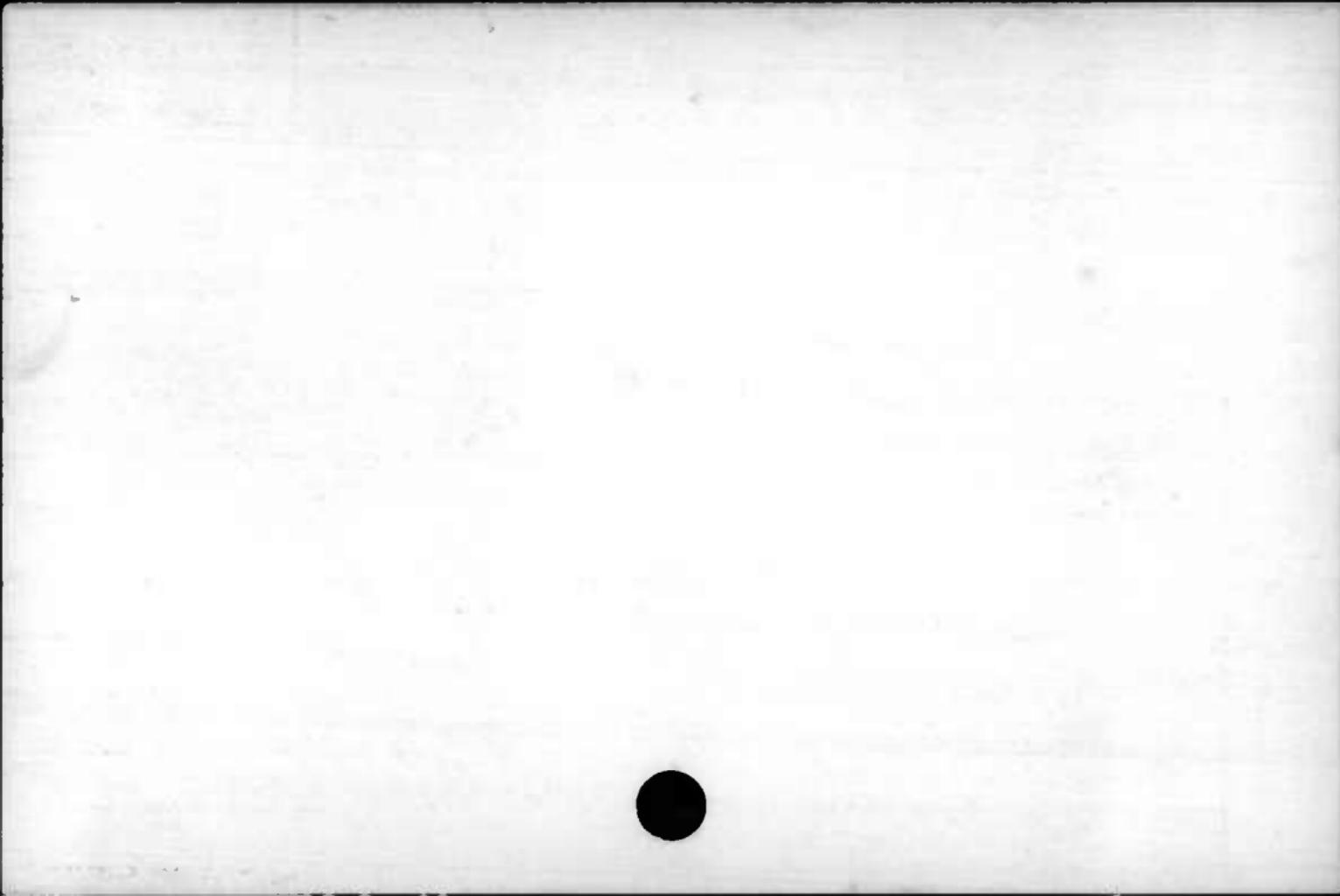
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. G. Turrigg
Baltimore
Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Annie Davis

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age 26				
Occupation	Where Residing If not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information						How related to deceased

Single

CAUSES OF DEATH

Primary

Pneumonia

93

How long

Immediate

Heart Failure

✓

How long

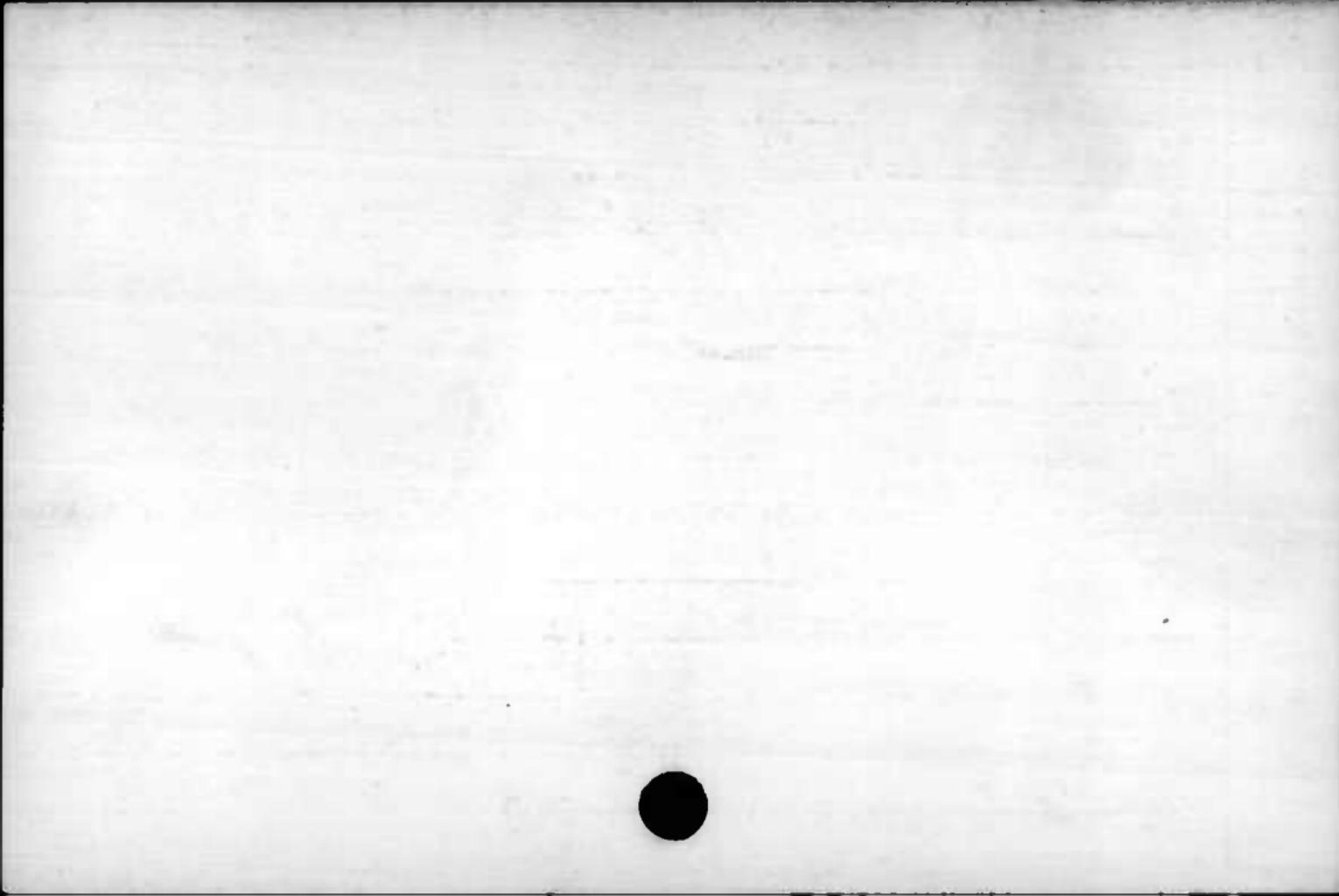
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. H. Thompson
63 n. Mead Avenue

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Caroline Drake

3/21/16

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County				
Died at	Pingtown	Oce				
Date of death	Month	Day	Years	Months	Days	
1905	Mar	21	65			
Sex	Color or Race	Birth-place				
Female	White	Ma				
Occupation	Where Residing if not at place of death					
Housewife		Henry Drake				
Married, Single or Widowed	Name of Wife or Husband					
Married	Henry Drake					
Father's Name	—					Father's Birthplace
Mother's Maiden Name	—					Mother's Birthplace
Name of person giving Information	Henry Drake					How related to deceased
Husband						

CAUSES OF DEATH

(179) ✓

How long

1 Year

How long

Primary

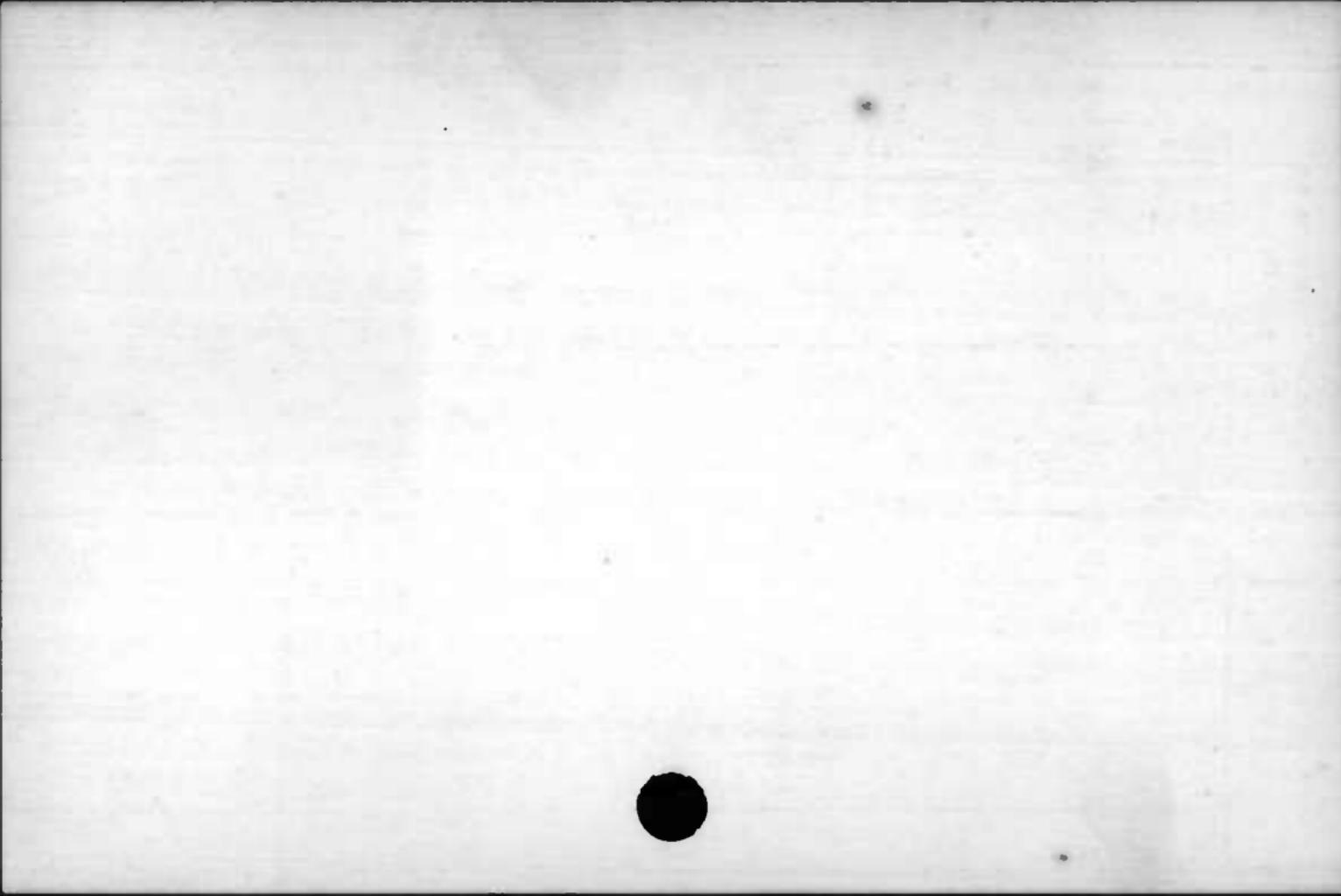
Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Mrs Mary. Grady. Fahey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Westerport	Town	County	MARYLAND		
Date of death	1905	Month 3	Day 15	Years 47	Months 9	Days 10
Sex	Female	Color or Race	White	Birth-place	West Va.	
Occupation	Housewife	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Husband	Michael P. Fahey			
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information	Joseph Fahey 27			How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Otitis	How long
Immediate	"	How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. J. Hulbaur
Westerport
W. Va.

Accident or Suicide?

70

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Kunegunde Margareta Farber

CERTIFICATE OF DEATH

Died at Emmets TownCounty acres

MARYLAND

Date of death 1905 Month MarchDay 15Years 66Months -Days -Sex FemaleColor or Race White

Birthplace

GermanyOccupation WifeWhere Residing if not
at place of deathMarried, Single
or Widowed MarriedName of HusbandJoseph Farber.Father's Name dead

Father's Birthplace

Mother's Maiden Name dead

Mother's Birthplace

Name of person giving
information J.M. FarberHow related
to deceased Son

CAUSES OF DEATH

Primary

acute Indigestion

How long

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianJames T. Johnson M.D.
Dr. Johnson

Address

Accident or Suicide?

Geotomus Guttatus Stein

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Inf of Robert Fisher

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Cumberland		allegany				
Date of death	1905	Month Mar	Day 22	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Cumberland	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Robert Fisher					Father's Birthplace
Mother's Maiden Name	Mary Kennedy					Mother's Birthplace
Name of person giving information	Robert Fisher					How related to deceased

CAUSES OF DEATH

Primary

Shasms



How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

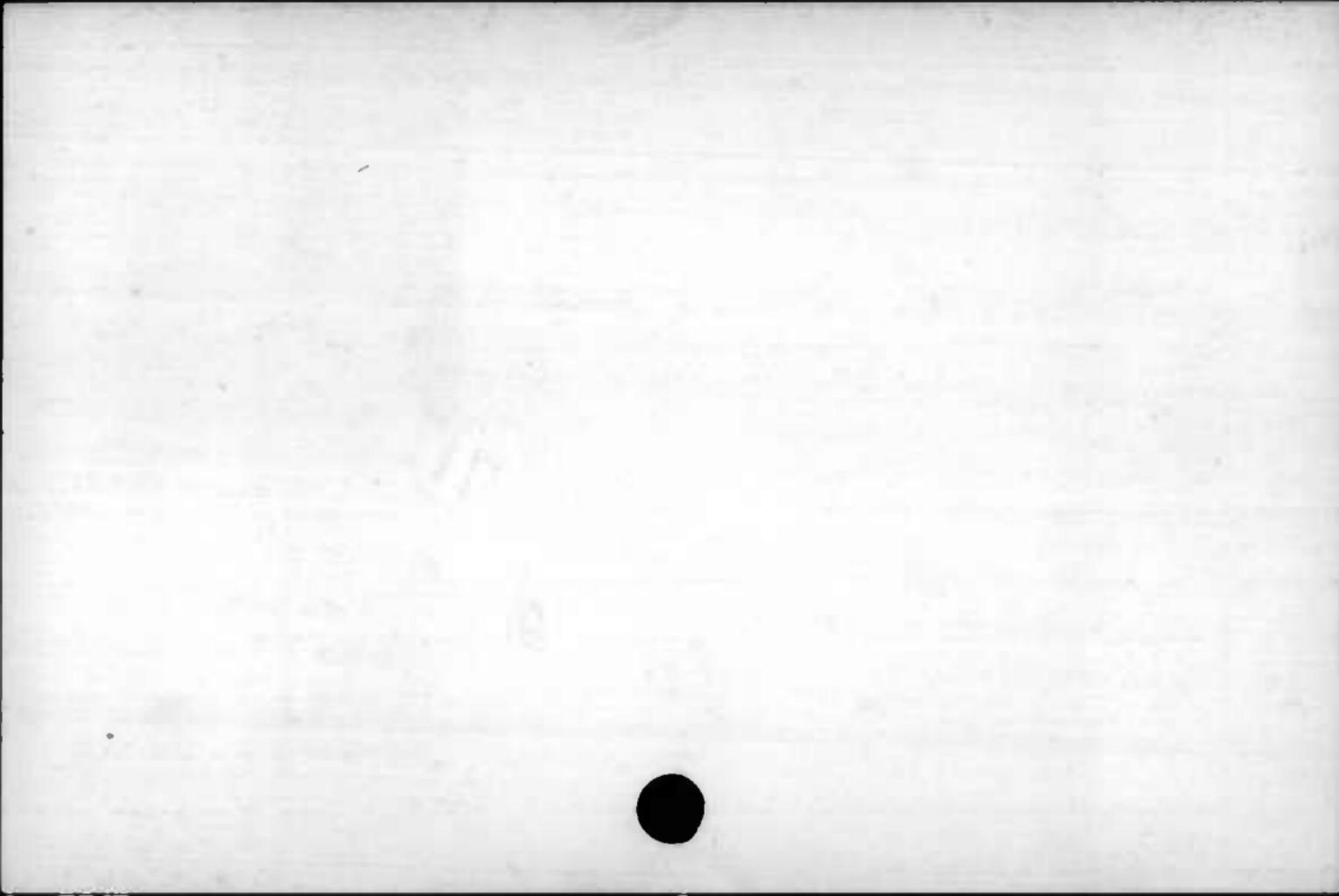
Signature of Physician

Address

Dr W W Wiley
Cumberland

Accident or Suicide?

Wd



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

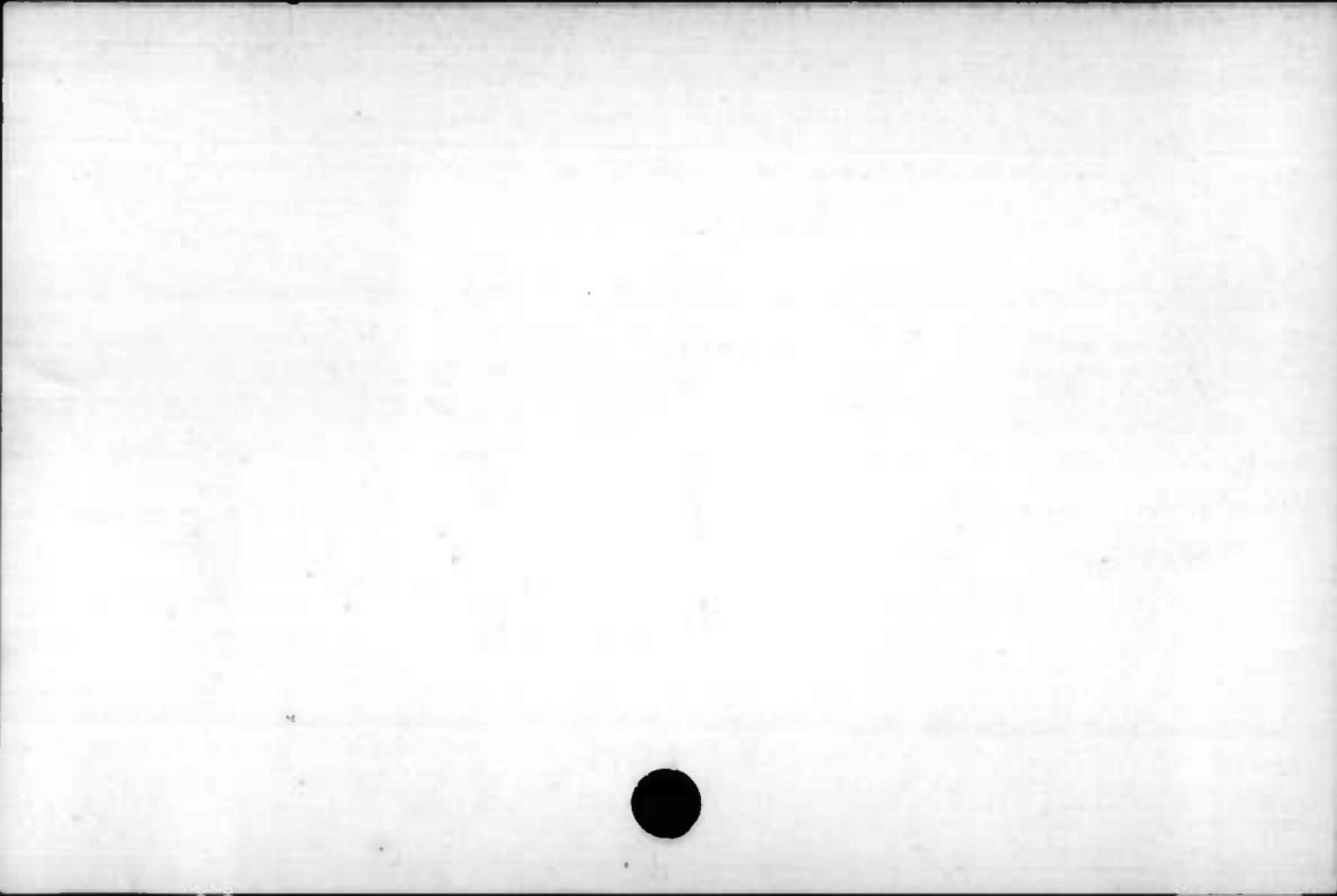
CERTIFICATE OF DEATH

Died at <u>Mapleside</u>		Town	Fisher County <u>allegany</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>March</u>	Day <u>1</u>	Year <u>0</u>	Age <u>0</u>	Months <u>0</u>	Days <u>17</u>
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Md.</u>		
Occupation <u> </u>		Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>					
Father's Name <u>Jamer H Fisher</u>			Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Erland M. Harnd</u>			Mother's Birthplace <u>W.Va.</u>			
Name of person giving Information <u>Mother</u>			How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Bronchitis</u>	90	✓	How long <u>2d</u>
Immediate	<u>Gastric & Sanguine</u>			How long <u>1d</u>
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician <u>Geo L. Bradford, M.D.</u>	Address <u>Cumberland</u>
Accident or Suicide?		<u>N.</u>		<u>Md.</u>



Name
in
Full

George Washington Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Cumberland	Allegany	Months	Days	
Date of death	1905	Month	24	Years	
Age	65		9		
Sex	Male	Color or Race	white	Birth-place	Huntington Md
Occupation	Retired Farmer	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John F Fletcher	(63)	Father's Birthplace	Md	
Mother's Maiden Name	Rebecca Obarey	(63)	Mother's Birthplace	Md	
Name of person giving information	Mr. Wenzel	(63)	How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lateral spinal scoliosis		How long	Several years
Immediate	Paralysis (Exhaustion)		How long	Several weeks
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Dr. George W. Fletcher
			Address	Cumberland Md
B.				
Accident or Suicide?				



Name
in
Full

Rebecca Folk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	MT Savage	Town	Alty	County	MARYLAND		
Date of death	1905	Month	12	Age	Years	80	Months
Sex	Female	Color or Race	white	Birth-place	MD	Days	
Occupation	✓	Where Residing if not at place of death					
Married, Single or Widowed	Widowed	Name of Wife or Husband	Jacob Folk				
Father's Name	✓	✓					Father's Birthplace
Mother's Maiden Name	✓	✓					Mother's Birthplace
Name of person giving information	Chas Hughes	✓					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronch Pneumonia

How long

3 days

Immediate

✓

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. C. C. Conroy
MT Savage 7nd

Accident or Suicide?

LM

Episcopal County,
Md Savoy

Name
in
Full

Jarrett Thos Free

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND .

PHYSICIAN
OR CORONER

Died at <u>Cumbid</u> Town		<u>Ally</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>March</u>	Day <u>23</u>	Years <u>-</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Cumbid</u>			
Occupation <u>-</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>J B Free</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Bessie N Yersing</u>	Mother's Birthplace <u>Pa</u>				
Name of person giving information <u>J B Free</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary <u>Pneumonia</u>	<u>93</u>	How long <u>1 week</u>
Immediate <u>Exhaustion</u>	<u>✓</u>	How long <u>1 "</u>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Hermenia Frey		CERTIFICATE OF DEATH			
Died at		Town		County		MARYLAND	
Date of death	1905	Month	Mar	Day	12	Years	16
Sex	Female	Color or Race	White	Age	16	Months	—
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			—		
Father's Name	Conrad Frey			Father's Birthplace		Germany	
Mother's Maiden Name	—			Mother's Birthplace		—	
Name of person giving Information	George Frey			How related to deceased		Brother	

CAUSES OF DEATH

Primary

Meningitis (6)

How long

Immediate

How long

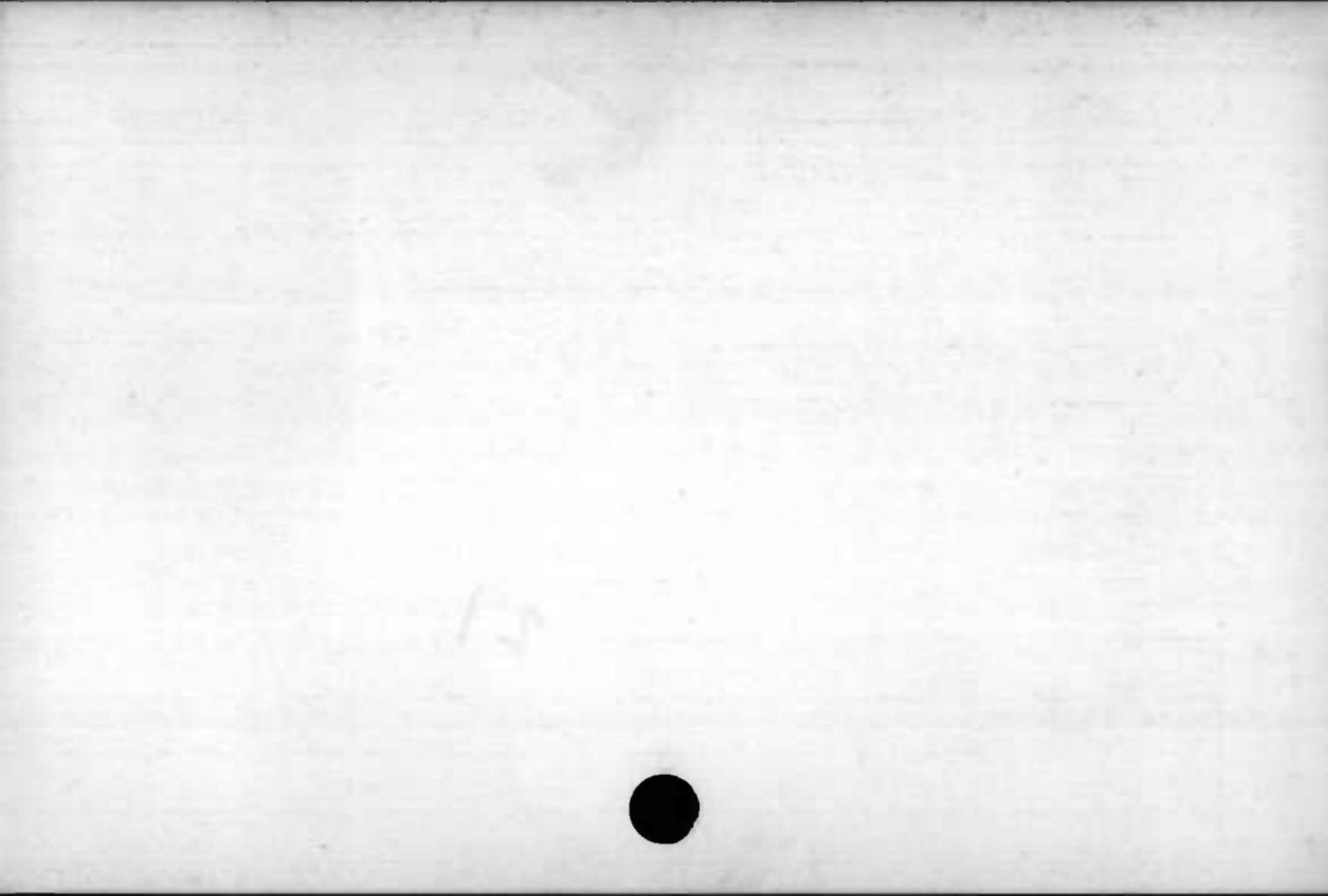
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. J. Wilson

Accident or Suicide?



Name
in
Full

Infant Gillispie

CERTIFICATE OF DEATH

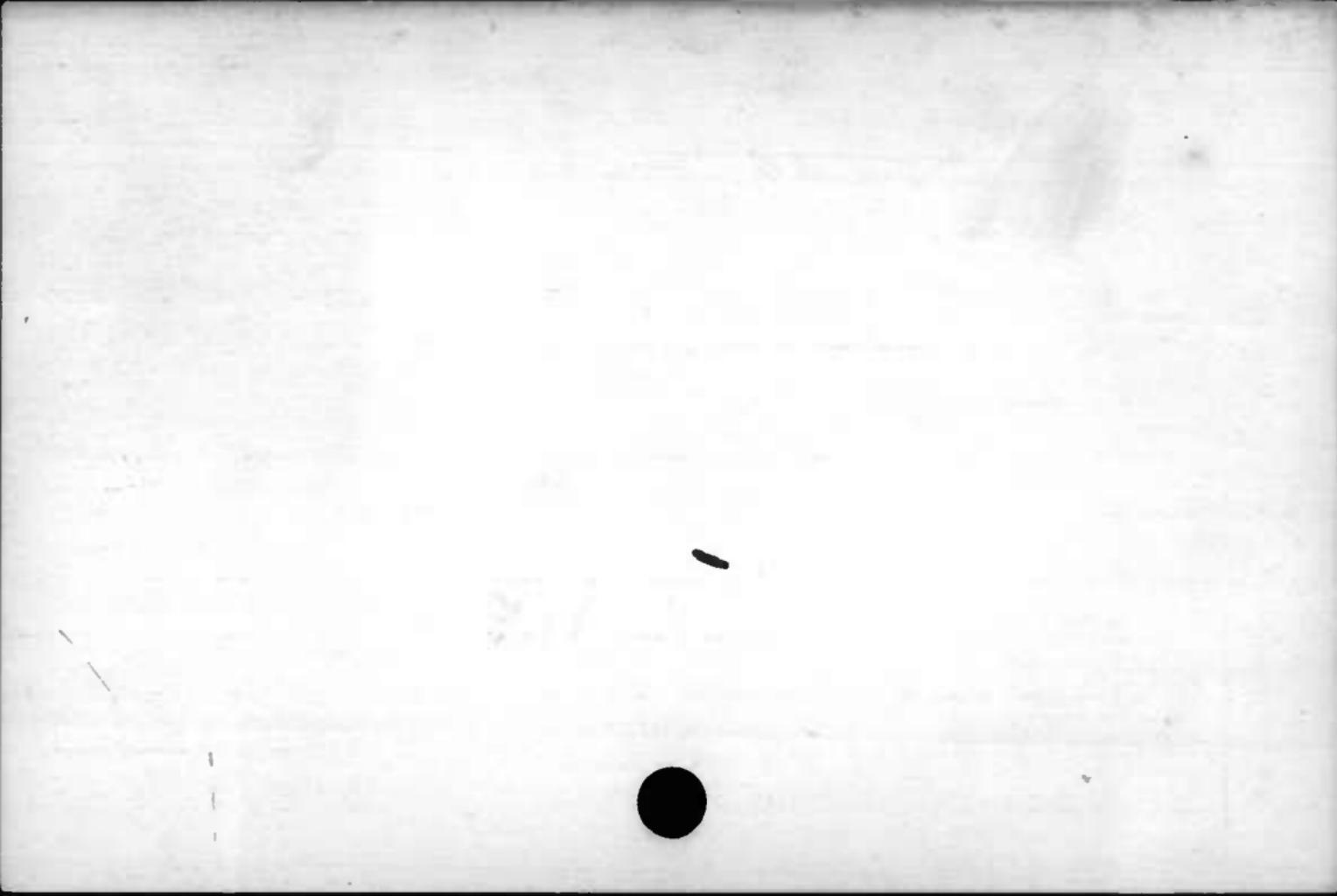
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	Mar	16	—	—	12
Sex	Female	Color or Race	White	Birth-place	Pekin
Occupation	None	Where Residing if not at place of death			—
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Edward Gillispie			Father's Birthplace	Pekin
Mother's Maiden Name	Anna Stovall			Mother's Birthplace	Continent
Name of person giving information	Ed Gillispie			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Encephalitis		How long	24 hours
Immediate	Convulsions		How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. B. Skilling	
		Address	113 Skilling	
Accident or Suicide?		Murder		



Name
in
Full

Geo Green.

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Emberlwood</u> Town		County <u>Allegany Co</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>2</u>	Day <u>30</u>	Years <u>Age 45 -</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>-</u>			
Occupation <u>Contractor</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace <u>-</u>				
Mother's Maiden Name	Mother's Birthplace <u>-</u>				
Name of person giving information	How related to deceased <u>-</u>				

G. L. Butcher.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Found dead at Everett Creek

How long

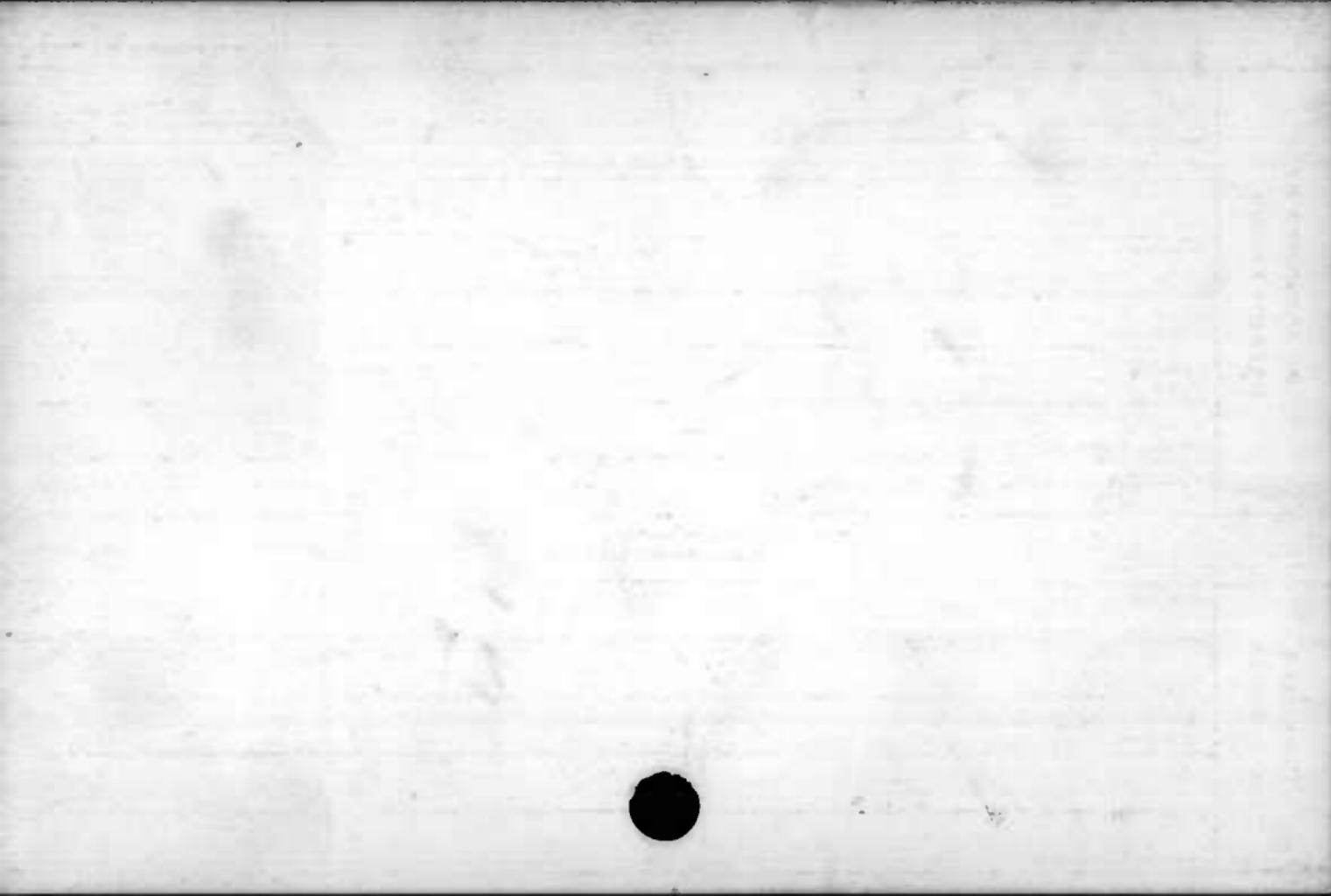
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Hamilton Act. Coroner

Accident or Suicide?



Name
in
Full

Barrie Hendrixson

CERTIFICATE OF DEATH

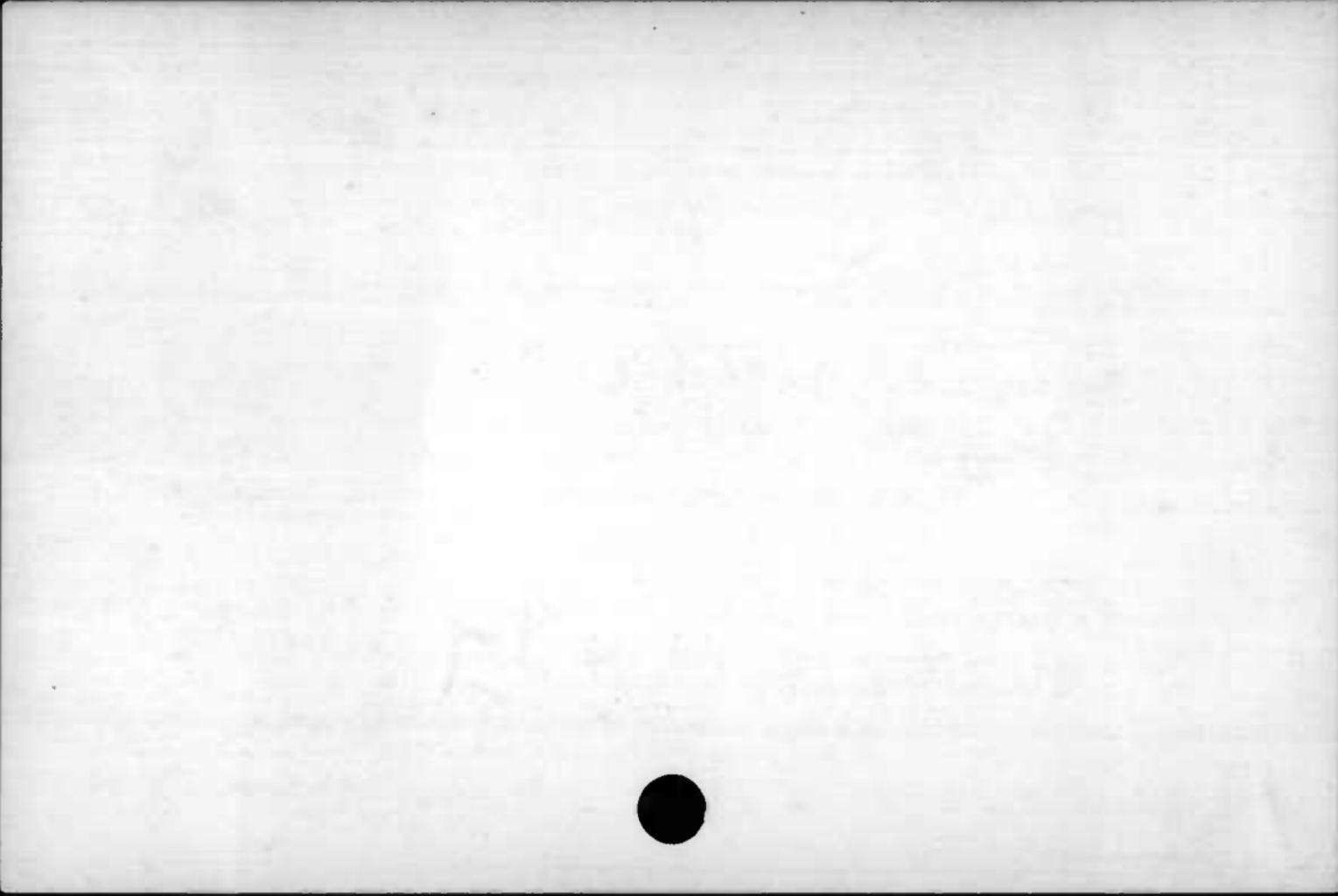
To BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND	
Died at	Baltimore	acoyer	
Date of death	Month	Day	Years
1901	Mar	23	23
Age	Months	Days	
Sex	Color or Race	Birth-place	
Female	White	Baltimore & Pa	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	-	
Father's Name	Single		
Samantha Hendrixson		Father's Birthplace	Pa
Mother's Maiden Name	Josie Hendrixson		
Name of person giving Information	Mother's Birthplace		
Sister			How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Consumption	How long	2 yrs
Immediate	Exhaustion	How long	21
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. J. Jones Wilson
		Address	Baltimore & Pa Baltimore and Md
Accident or Suicide?			



Name
in
Full

Hillard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Cumberland</u>		Town <u>Cumberland</u>		County <u>Alleghany</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Mar</u>	Day <u>15</u>	Age <u>1</u>	Years <u>1</u>	Months <u>8</u>	Days <u>15</u>	
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Cumberland Md</u>					
Occupation <u>Infant</u>	Where Residing if not at place of death <u>—</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>						
Father's Name <u>Edward Hillard</u>	Father's Birthplace <u>W-Va</u>						
Mother's Maiden Name <u>Myrtle Darr</u>	Mother's Birthplace <u>Cumberland</u>						
Name of person giving Information <u>Edward Hillard</u>	How related to deceased <u>Father</u>						

CAUSES OF DEATH

Primary <u>Broncho-</u>	<u>Pneumonia</u>	<u>92</u>	How long <u>1 month</u>
Immediate <u>Fatigue (Exhaustion)</u>		<u>✓</u>	How long <u>3 months</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>E. T. Darr M.D.</u>	
		Address <u>Cumberland Md</u>	
Accident or Suicide? <u>—</u>			

Summer Stein

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Susan O Hinkle

CERTIFICATE OF DEATH

MARYLAND

Died at Gaithersburg

Town

County

Colle

Date
of death 1905 Month Mar

Day

20

Years

47

Months

Days

Sex Female

Color or
Race

White

Birth-
place

Md

Occupation

house wife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

James O S Hinkle

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

James O S Hinkle

Husband

CAUSES OF DEATH

Primary

Bright disease

How long

120

Immediate

How long

1 yrs

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

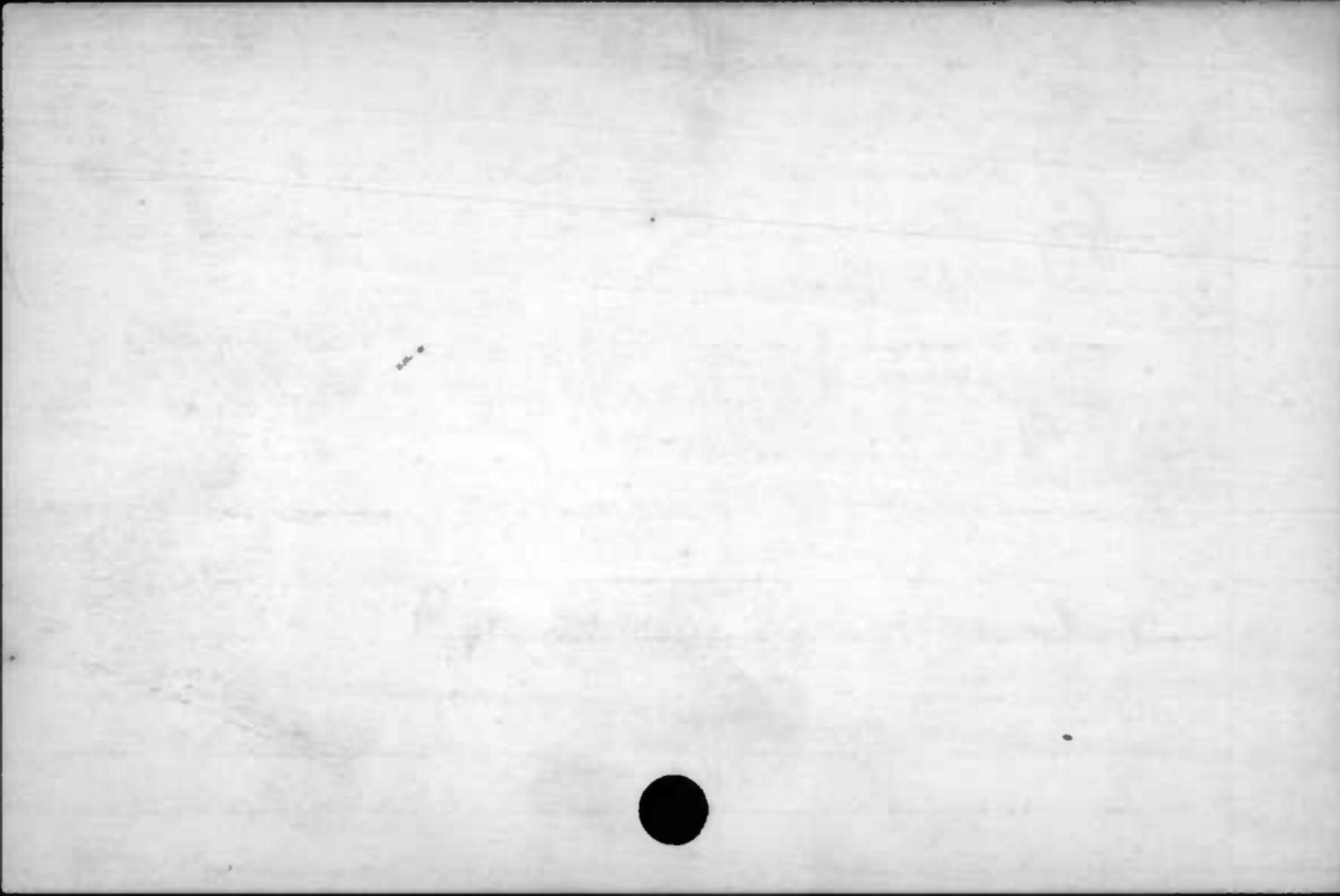
Address

Thomas W Koon

Examiner and

91

Accident or Suicide?



Name
in
Full

Lolter E Juskep

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
McCoal

County
Allegh.

MARYLAND

Date
of death

1905 Month
Mch

Day
6

Years
22

Months
1

Days
11

Sex
female

Color or
Race
white

Birth-
place
Md

Occupation
/work

Where Residing if not
at place of death
—

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name
Jewell Juskep

Father's
Birthplace
—

Mother's
Maiden Name
Goldia Miller

Mother's
Birthplace
—

Name of person giving
Information
Q S Hoffman

How related
to deceased
son

CAUSES OF DEATH

Primary

Tuberculosis of bones 29

How long

one year

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Q S Hoffman

Address

Keyser
WVa

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

William R. Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 1905	Month March	Day 18	Age 51	Years	Months 8	Days 25
Sex Male	Color or Race White	Birth-place Scotland				
Married, Single or Widowed Married	Occupation Miner					
Name of Wife or Husband Elizabeth Jackson						
Father's Name Thomas Jackson	Father's Birthplace Scotland					
Mother's Maiden Name Janet Russell	Mother's Birthplace Scotland					
Name of person giving Information Elizabeth Jackson	How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis

How long

3 months

Immediate

Thrombosis

How long

1 month

Are the name, age, sex, color, date and place correctly given above?

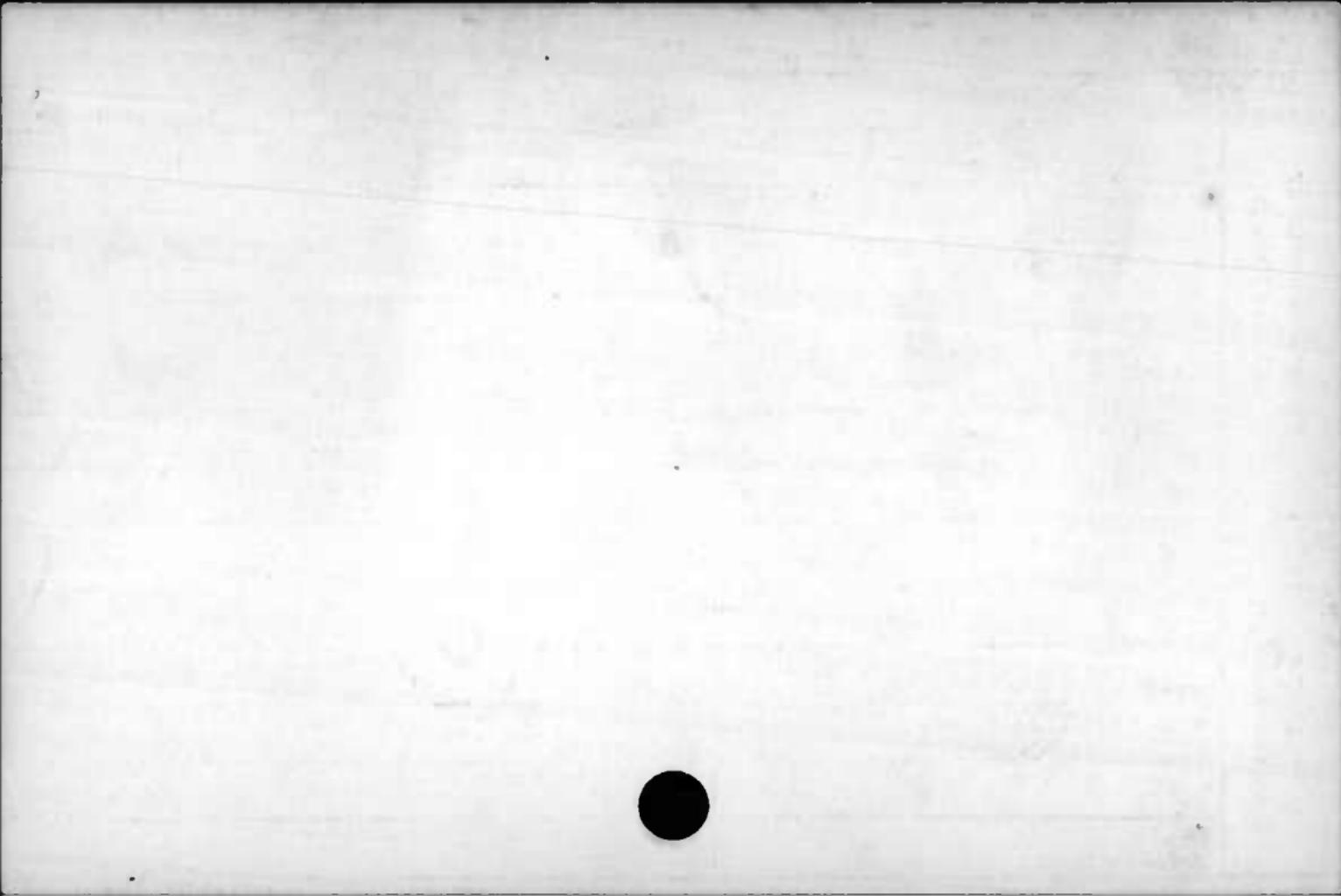
Yes

Signature of Physician

Address

Henry D. Hodgson

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1905	Month	Day	Age	Months	Days
Sex	Female	Color or Race	White	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Elmer Johnson			Father's Birthplace	Lumb. Md	
Mother's Maiden Name	Magie Hager			Mother's Birthplace	a " "	
Name of person giving information	151			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature Birth

How long

1 mo

Immediate

Obstruction

How long

9. 9. 9. day

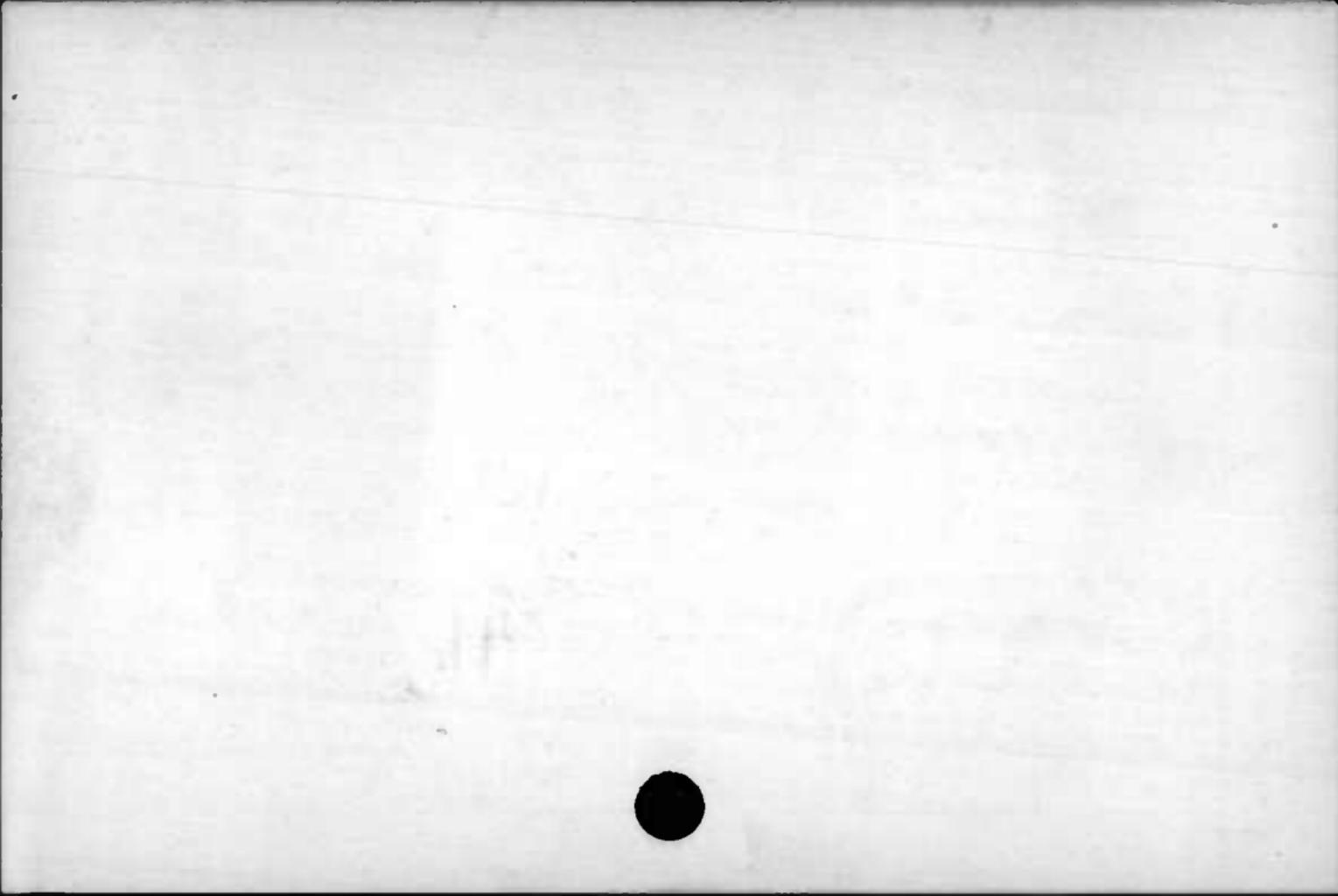
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. J. Turgeon
Baltimore

Accident or Suicide?



Name
in
Full

Mrs Thos Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u>		County <u>area.</u>	MARYLAND		
Date of death <u>1905</u>	Month <u>Mar</u>	Day <u>+</u>	Age <u>72</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>female</u>	Color or Race <u>white</u>	Birthplace <u>WVa</u>			
Occupation <u>1st w</u>	Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Thos Johnson</u>				
Father's Name <u>-</u>	Father's Birthplace <u>-</u>				
Mother's Maiden Name <u>-</u>	Mother's Birthplace <u>-</u>				
Name of person giving Information <u>Thos Johnson</u>	How related to deceased <u>Husband</u>				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Disease of heart - 19

How long

12 days

Immediate

Syncope

How long

few minutes

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

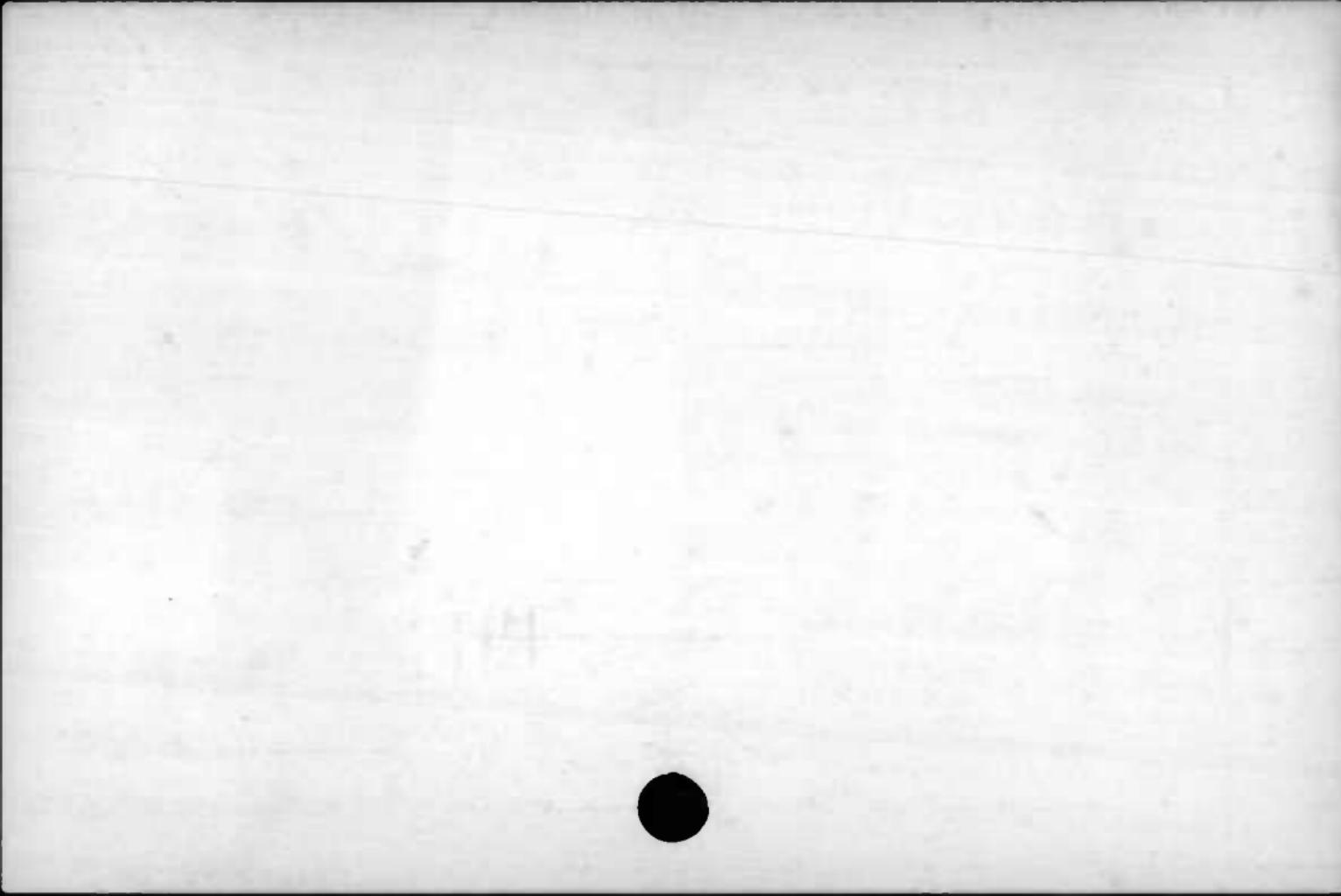
1/14 Brack M 5

Address

Cumberland - 5

Accident or Suicide?

MS



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Mar.	26	57	11	21	
Sex	Female	Color or Race	White	Birth-place	Pa.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married.	Name of Wife or Husband	Wm. H. Johnston			
Father's Name	Solomon Rice		Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information	Wm. H. Rice Jr					
How related to deceased Son						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

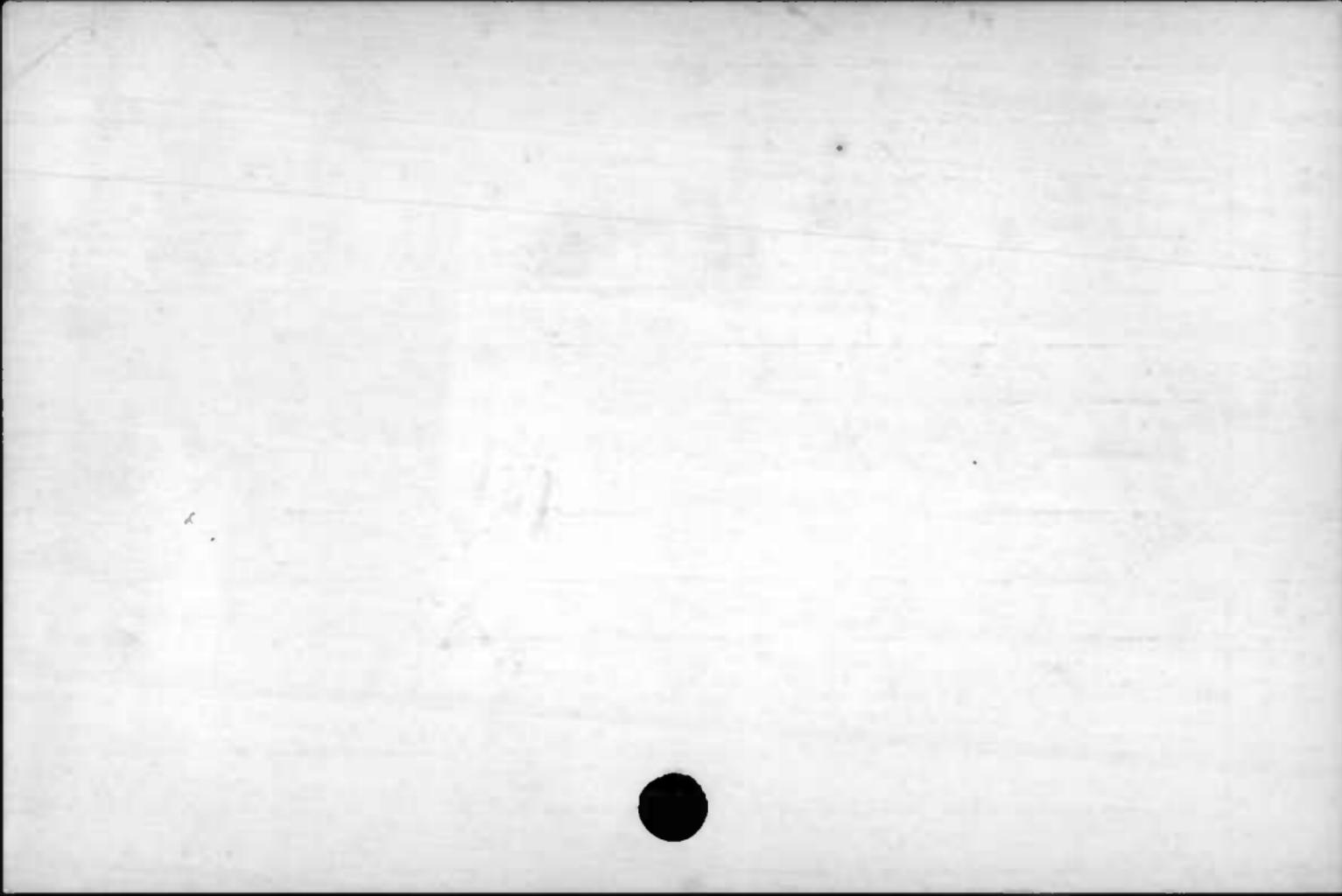
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Neelie Kerns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Baltimore	Baltimore			
Date of death	Month	Day	Years	Months	Days
1905	March	16	65	1	
Sex	Color or Race	White	Birth-place	Flintstone Md	
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Widow			
Father's Name	—				
Mother's Maiden Name	—				
Name of person giving information	How related to deceased				
Grand child					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gynaecoid fever	11	How long
Immediate			How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G. S. Wales M.D.
11 Cumberland Rd

Accident or Suicide?

Bernard Stein

Name
in
Full

John Larsen

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Little Orleans		Town	County		MARYLAND	
Date of death	1905	Month March	Day 31	Years 19	Months	Days
Sex	Male	Color or Race	White, Swede		Birth-place	Sweden
Occupation	Laborer		Where Residing if not at place of death		—	
Married, Single		Name of Wife or Husband		—		
Father's Name	Don't know		—		Father's Birthplace	—
Mother's Maiden Name	—		—		Mother's Birthplace	—
Name of person giving information	Mr Chas Jackson		—		How related to deceased	Foreman.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Congestion of Stomach 104

How long

2 days

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

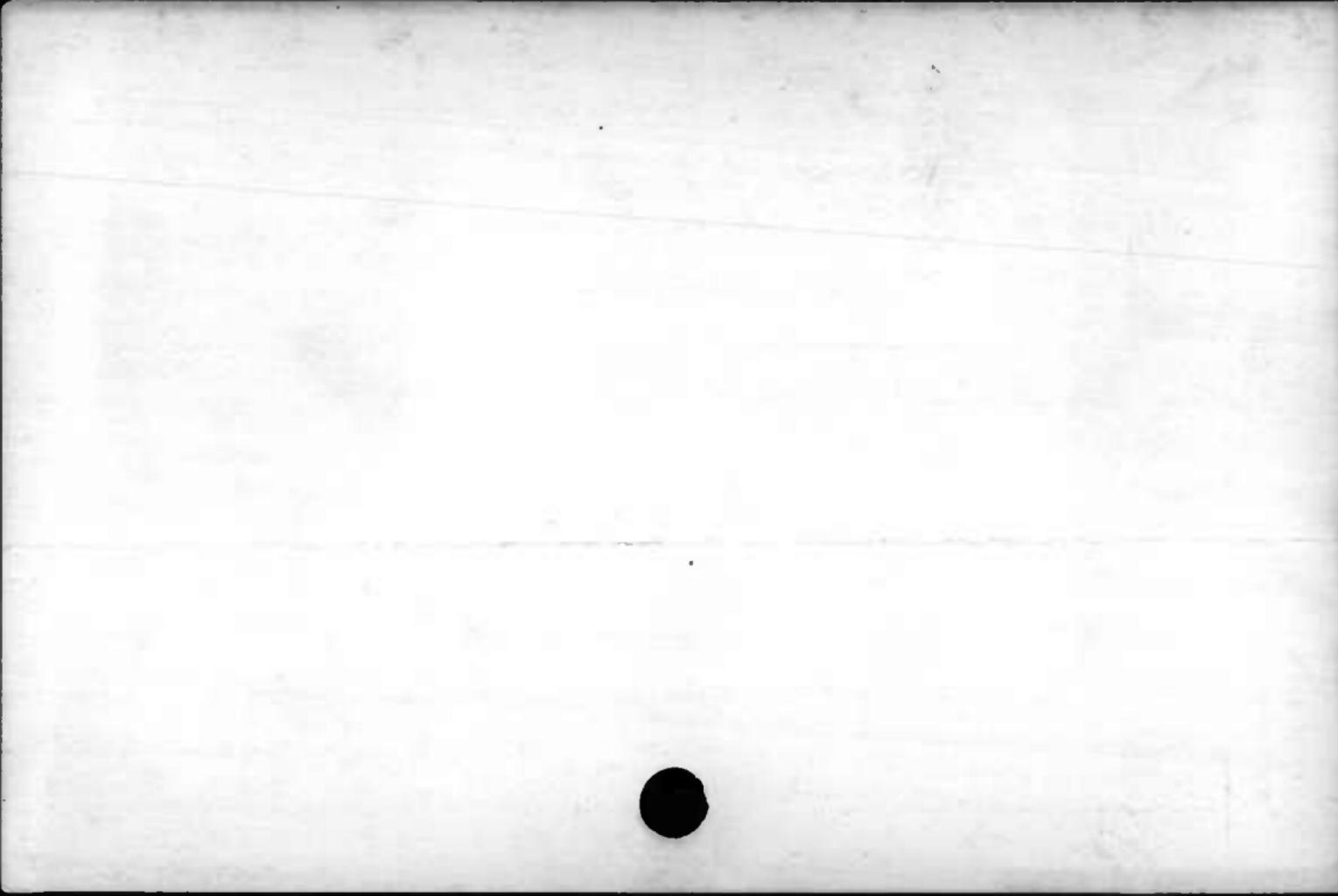
Address

Esther

Little Orleans

Accident or Suicide?

Neither. Saw deceased only after death.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Geo Leach

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1905	Month March	Day 21	Years 35	Months	Days
Sex	Male	Color or Race	Lodged			
Occupation	Porter					
Married Single Widowed		Where Residing if not at place of death				
Father's Name	Washington Leach					
Mother's Maiden Name						
Name of person giving information	Geo Palmer 99					

CAUSES OF DEATH

Primary

Lung Trouble

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

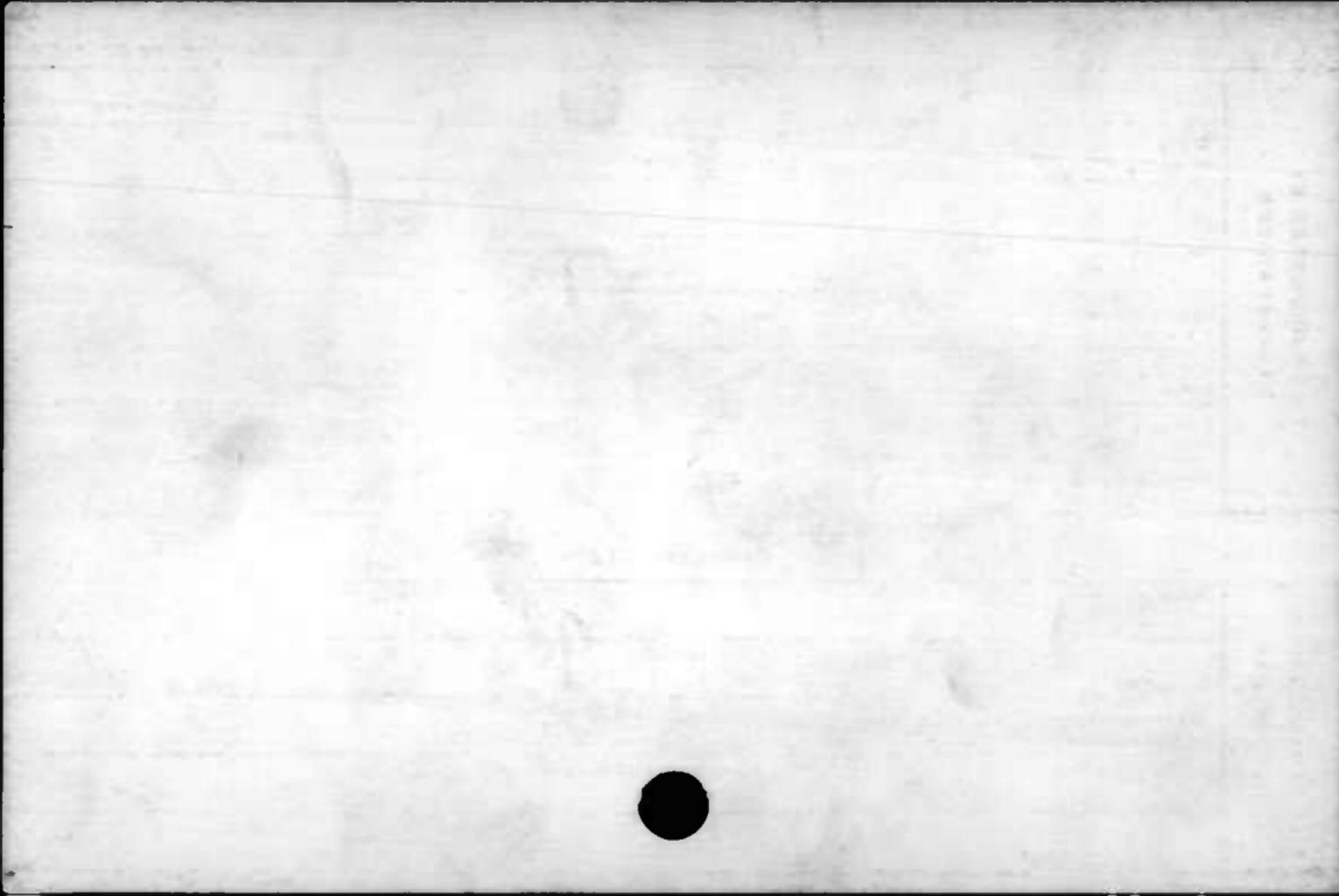
Signature of
Physician

Dennis E. Neal

Address

Lumberton N.D.

Accident or Suicide?



Name
in
Full

Martin McCabe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Mar	20	Age	4		
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	James P. McCabe			Father's Birthplace		
Mother's Maiden Name	Katherine Wheeler			Mother's Birthplace	Wyo	
Name of person giving information					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

4 days

Immediate

93

How long

Are the name, age, sex, color, date and place correctly given above?

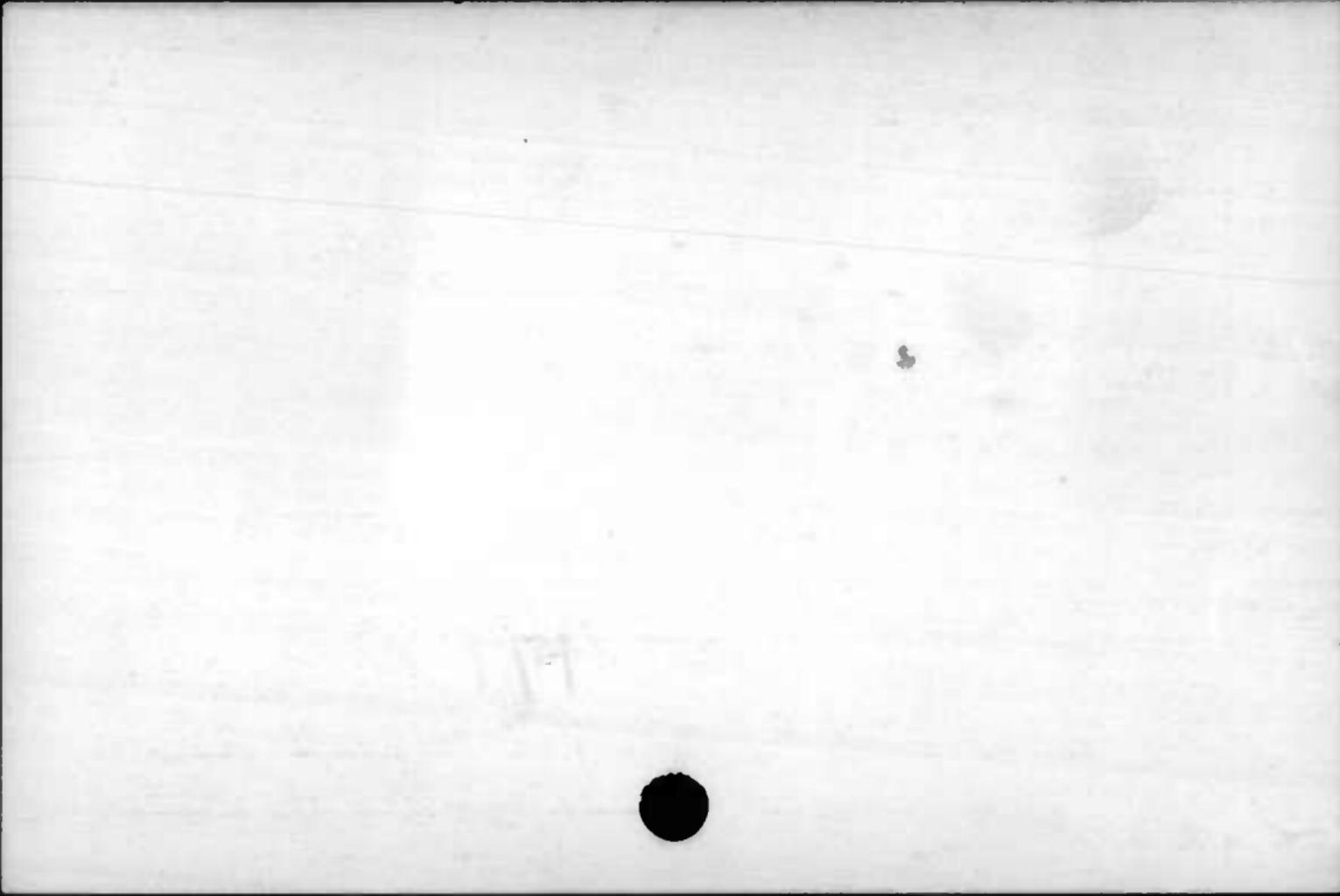
Yes

Signature of Physician

Address

Official Seal M.D.
Alaska, Wyo

Accident or Suicide?

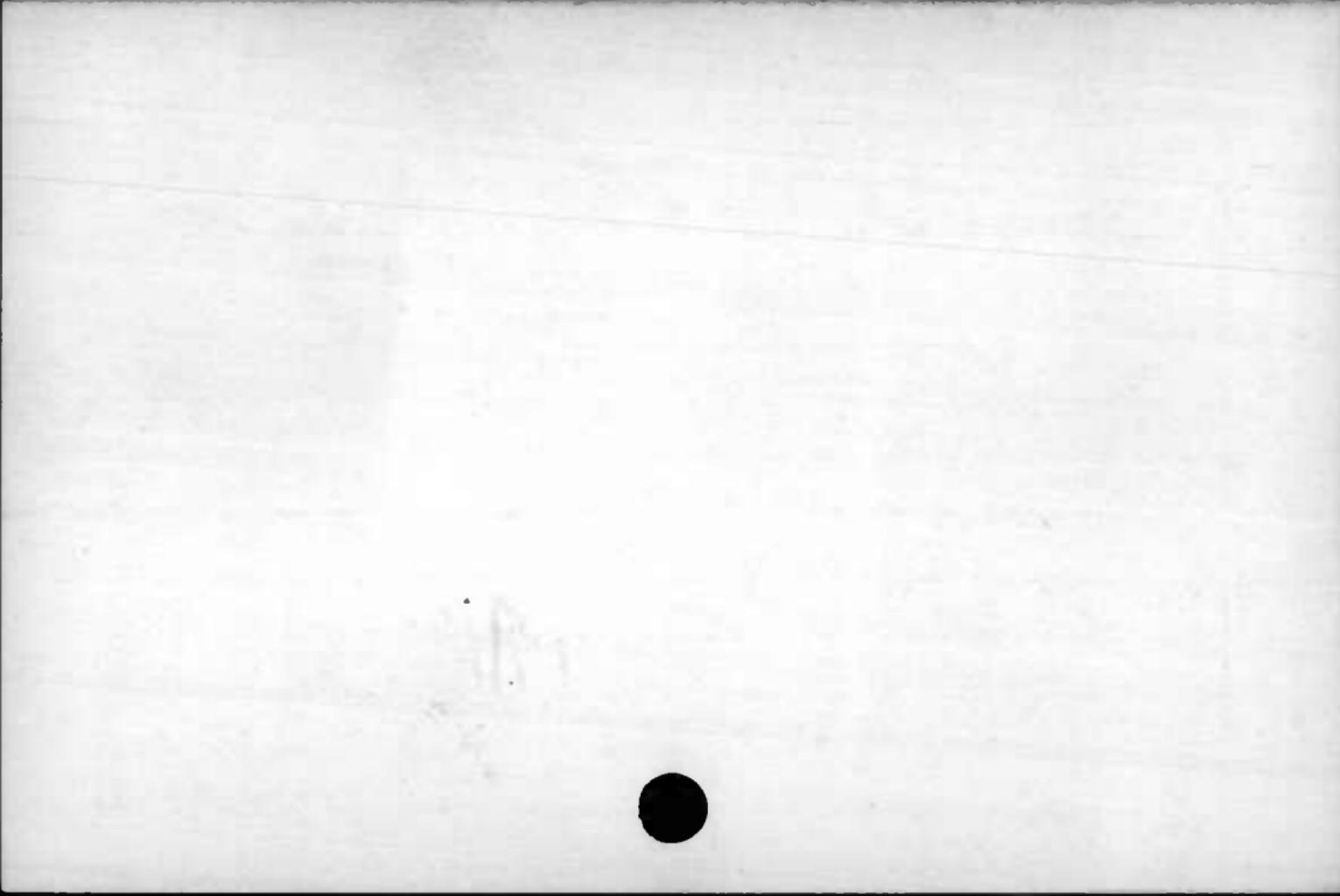


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

PHYSICIAN OR CORONER	McMillan		County		MARYLAND		
	Died at	Town	Allegany	Years	Months	Days	
Date of death	1905	Month	Age	—	—		
Sex	Female	Color or Race	white	Birth-place	Frostburg		
Occupation	Where Residing if not at place of death					—	
Married, Single or Widowed	Name of Wife or Husband		—				
Father's Name	Darl Kyoy		Father's Birthplace			—	
Mother's Maiden Name	Elizabeth McMillan		Mother's Birthplace			Frostburg	
Name of person giving information	Elizabeth McMillan		How related to deceased			Mother	
CAUSES OF DEATH							
Primary	Darl know.		How long			about 10 hrs.	
Immediate	199		How long			—	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician		O Cober		
		No	Address		Frostburg Md		
Accident or Suicide?							



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

<i>Mary Aldagunda McMillan</i>				CERTIFICATE OF DEATH		
Died at	Town	County		MARYLAND		
Date of death 1905	Month	Day	Years	Months	Days	
Sex Female	Color or Race White	Birth-place		<i>Eckhart, Md.</i>		
Occupation School girl	Where Residing if not at place of death		<i>—</i>			
Married, Single or Widowed Single	Name of Wife or Husband	Father's Birthplace		<i>Eckhart, Md.</i>		
Father's Name <i>Jas. R. McMillan</i>	Mother's Birthplace		<i>Eckhart, Md.</i>			
Mother's Maiden Name <i>Barbara May Feldman</i>	How related to deceased		<i>Daughter</i>			
Name of person giving information <i>Mrs. Mrs. Marshall</i>						

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Scarlet fever</i>	1	How long <i>3 days</i>
	Immediate <i>Cardiac failure</i>	1	How long <i>about 5 min</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Colby</i>	
		Address <i>Guthrie, Pa.</i>	
Accident or Suicide? <i>No</i>			

John

Catholic

Cemetery

Forty

33

Name
in
Full

Annie Marsh

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Cumberland	Allegh.	Months	Days
Date of death	1905	Month	Day	Years
Sex	female	Color or Race	Age 60	
Occupation	dw	Where Residing if not at place of death	—	
Married, Single or Widowed	—	Name of Wife or Husband	—	
Father's Name	unknown		Father's Birthplace	"
Mother's Maiden Name	"		Mother's Birthplace	"
Name of person giving information	A Marsh		How related to deceased	son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bright's Disease

How long

3 mos

Immediate

Exhaustion

How long

3 day ✓

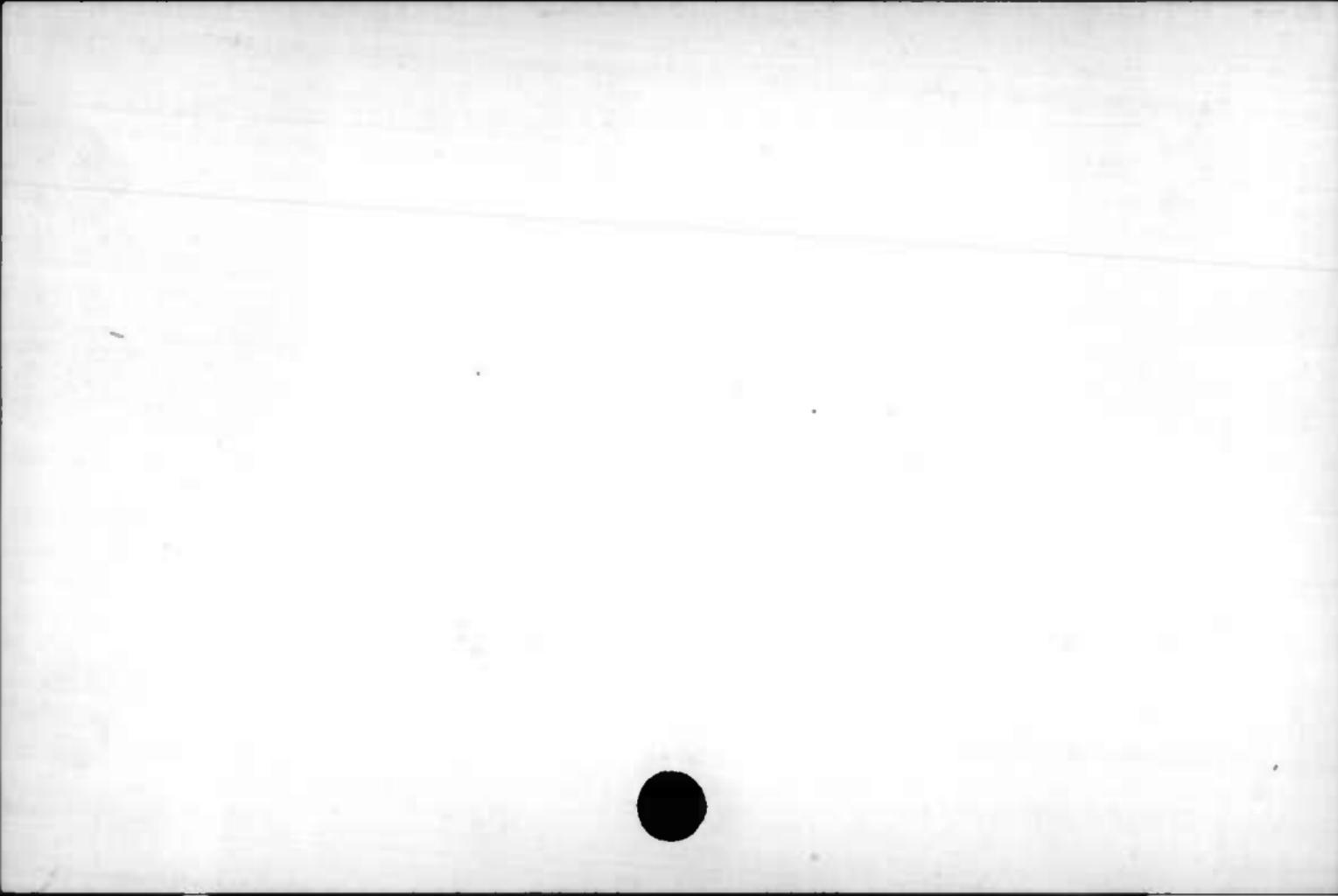
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G. H. Branson S.
Cumberland Md

Accident or Suicide?



Name
in
Full

Francis Lewis Martin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1905	Month March	Day 21	Years —	Months 5	Days 1	
Sex	Male	Color or Race	white	Birth-place	Lona -		
Occupation	—			Where Residing if not at place of death	—		
Married, Single or Widowed	Single		Name of Wife or Husband	—			
Father's Name	Henry Martin			Father's Birthplace	Penns ^{ia}		
Mother's Maiden Name	Annie L. Schell			Mother's Birthplace	Mt Savage		
Name of person giving information	Mrs Henry Martin			How related to deceased	Mother		

CAUSES OF DEATH

Primary

Malaria

105

How long

Pneumonia

Immediate

Enter - Colitis

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

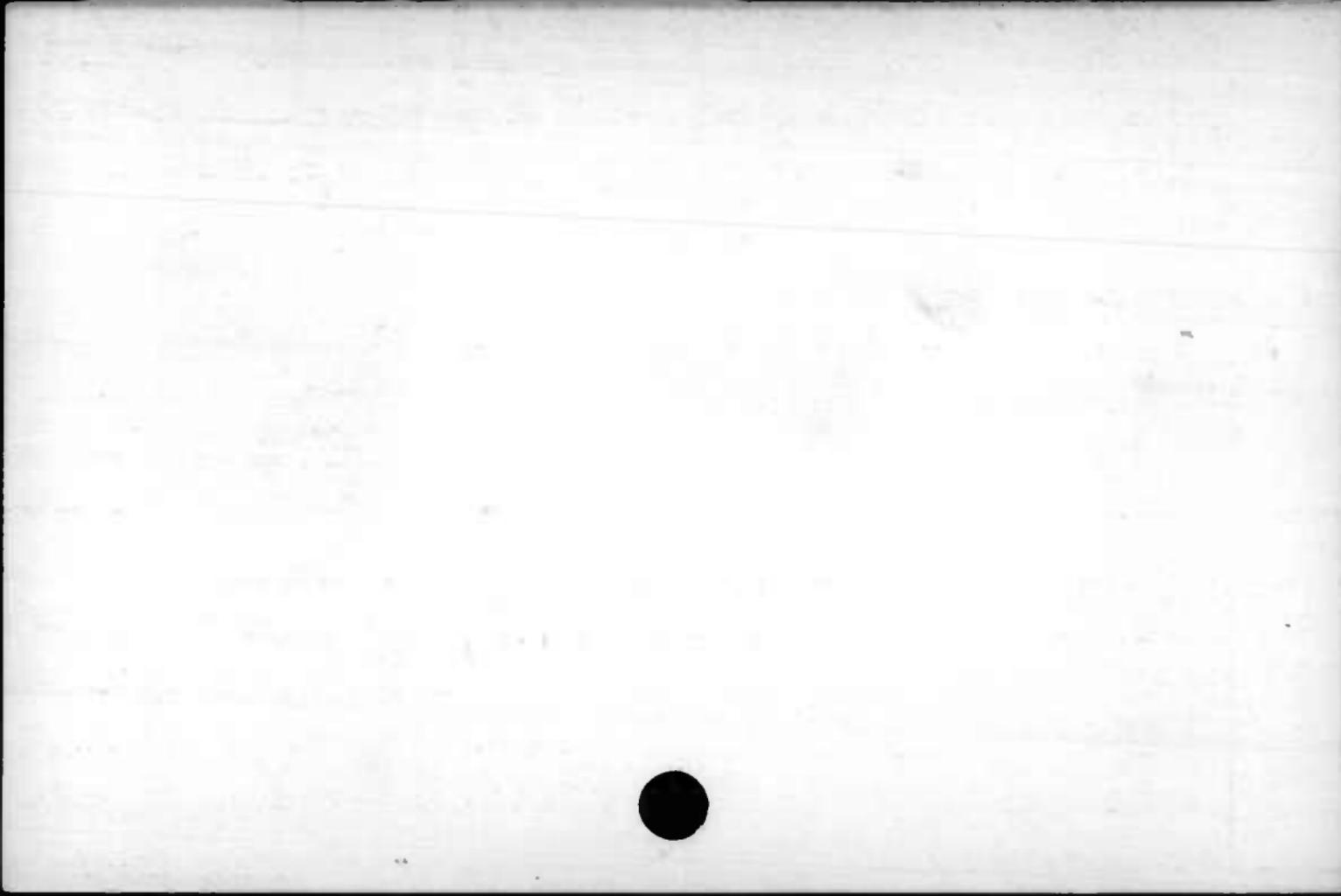
James Q. Bullock

MacKenzie -

Maryland

Accident or Suicide?

no -



Name
in
Full

Annie L. R. Matthews

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	Birth-place		
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband			
Father's Name	James Matthews		Father's Birthplace			
Mother's Maiden Name	Amanda Shaffer		Mother's Birthplace			
Name of person giving Information	James Matthews		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

✓ How long

Six months

Immediate

General exhaustion

✓ How long

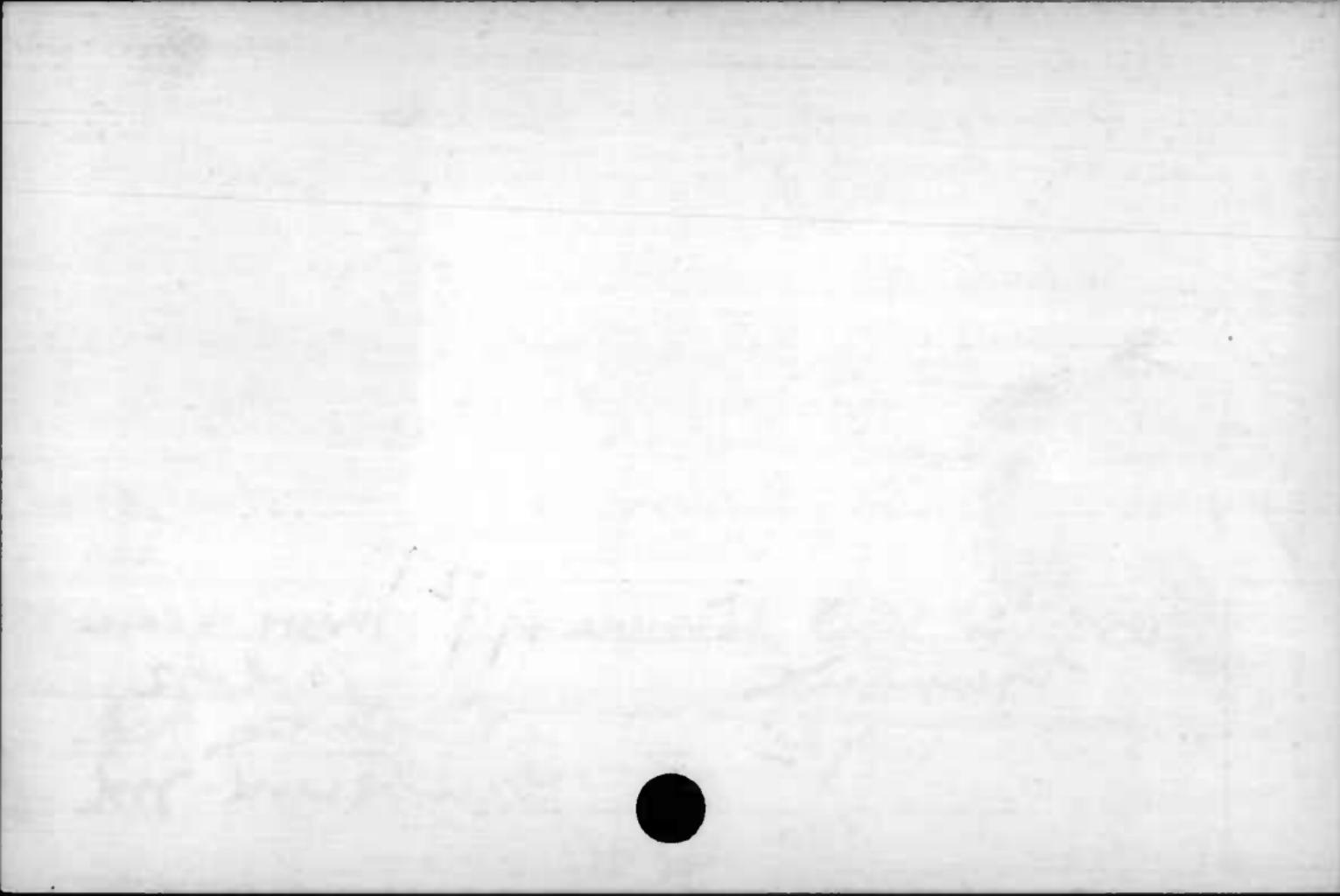
a few days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Theresa Miller

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Died at	Cumberland	County	alleghany		MARYLAND		
Date of death	1905	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Germany		
Occupation	Wife	Where Residing if not at place of death			-		
Married, Single or Widowed	married	Name of Wife Husband	J. P. Miller				
Father's Name	-	Father's Birthplace					
Mother's Maiden Name	-	Mother's Birthplace					
Name of person giving information	annie Miller	How related to deceased			daughter		

CAUSES OF DEATH

Primary

Organic Heart Disease 79

How long

many years

Immediate

Pneumonia

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

yes

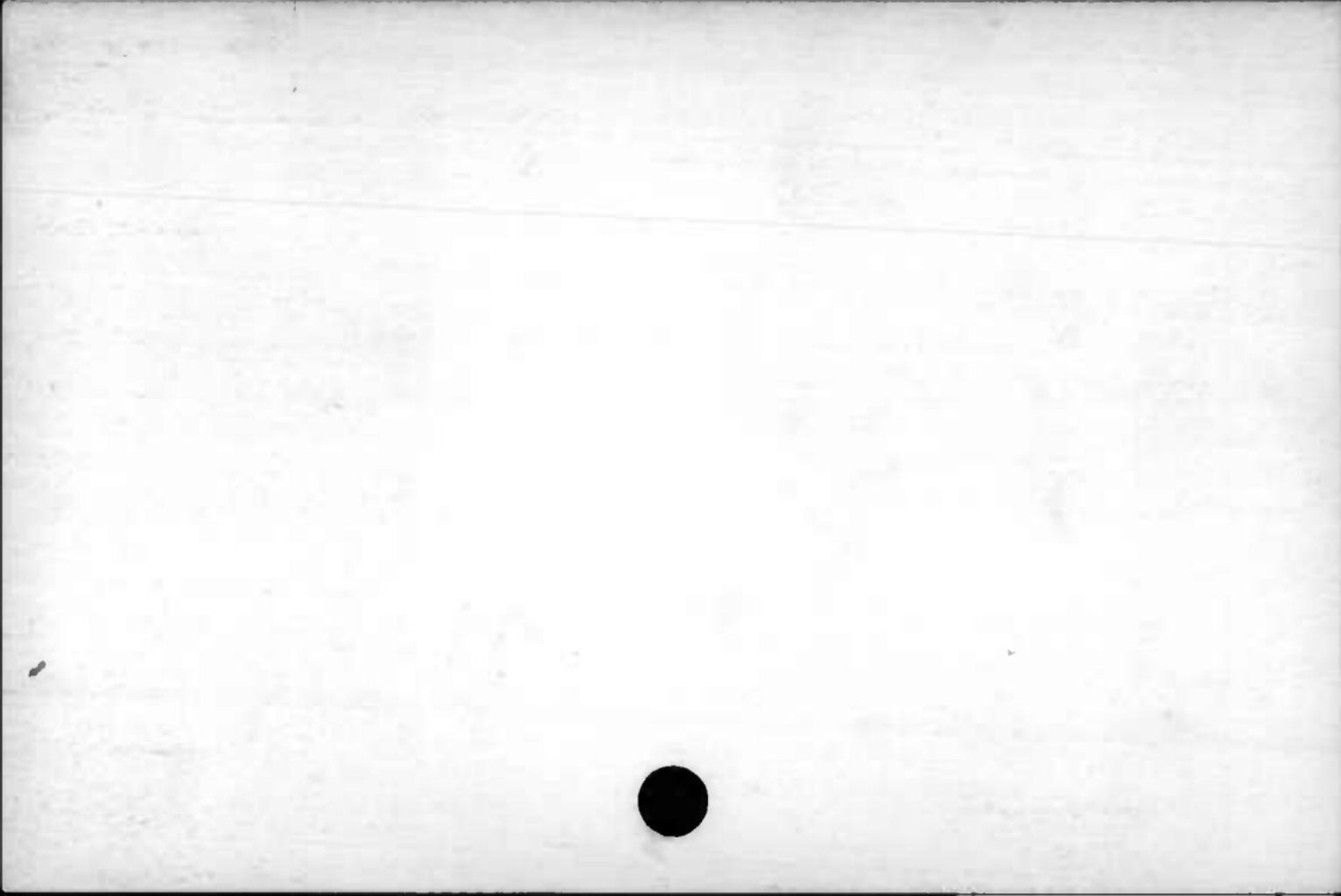
Signature of Physician

Address

George W.
Cumberland Md

Accident or Suicide?

for Dr. Fogelman



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Margaret Mills

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
1905 - 3		8	Age	70	-	-	
Sex	Female		Color or Race	White	Birth-place	Pa	
Occupation	Wife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Patrick Mills			
Father's Name	—		Father's Birthplace				
Mother's Maiden Name	—		Mother's Birthplace				
Name of person giving information	Patrick Mills		80	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nervalgia of the heart	How long
Immediate	same	How long

Are the name, age, sex, color, date and place correctly given above?

Yes

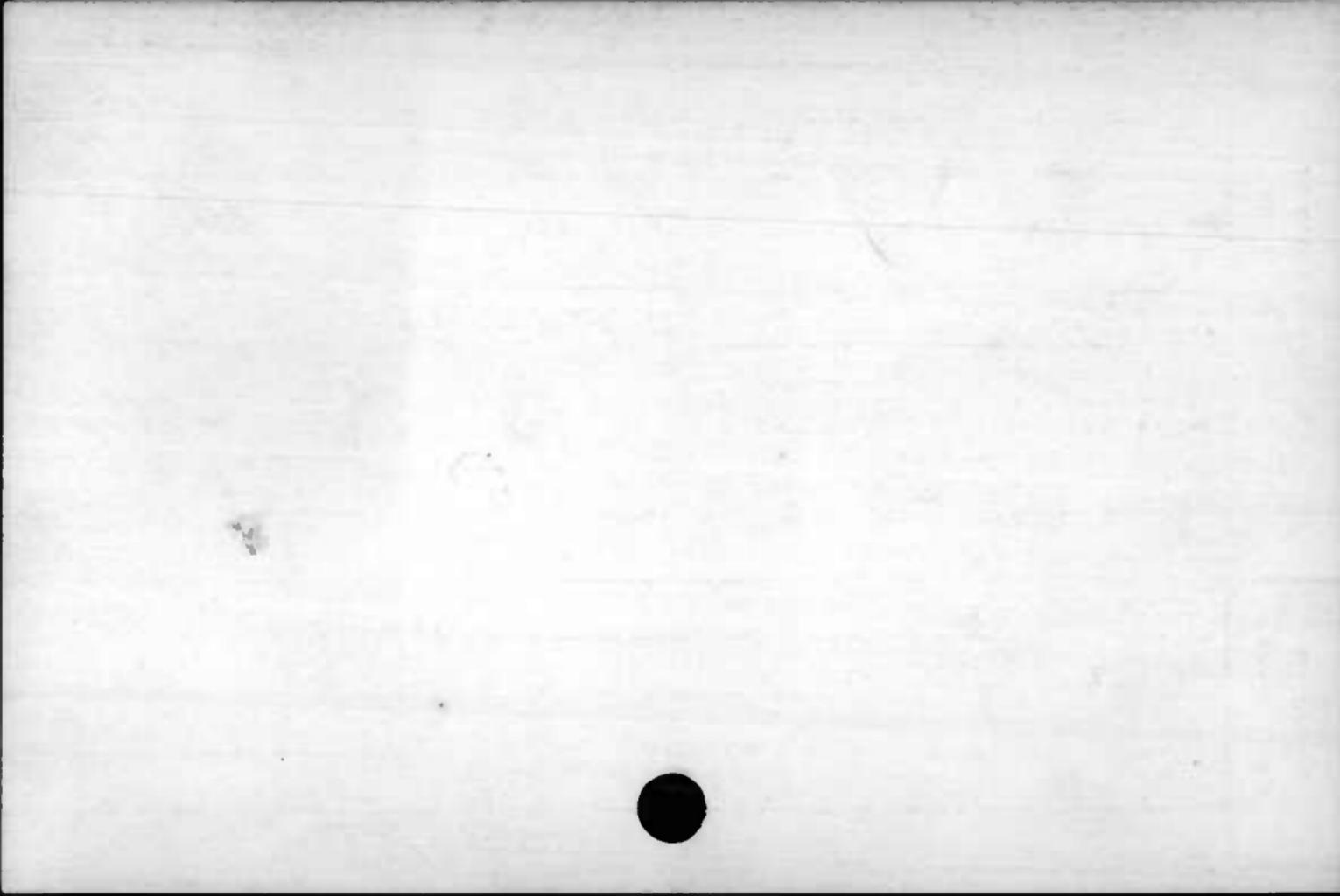
Signature of Physician

Dr. W. W. Wiley

Address

Cumberland

Accident or Suicide?



Peter M. Mouse

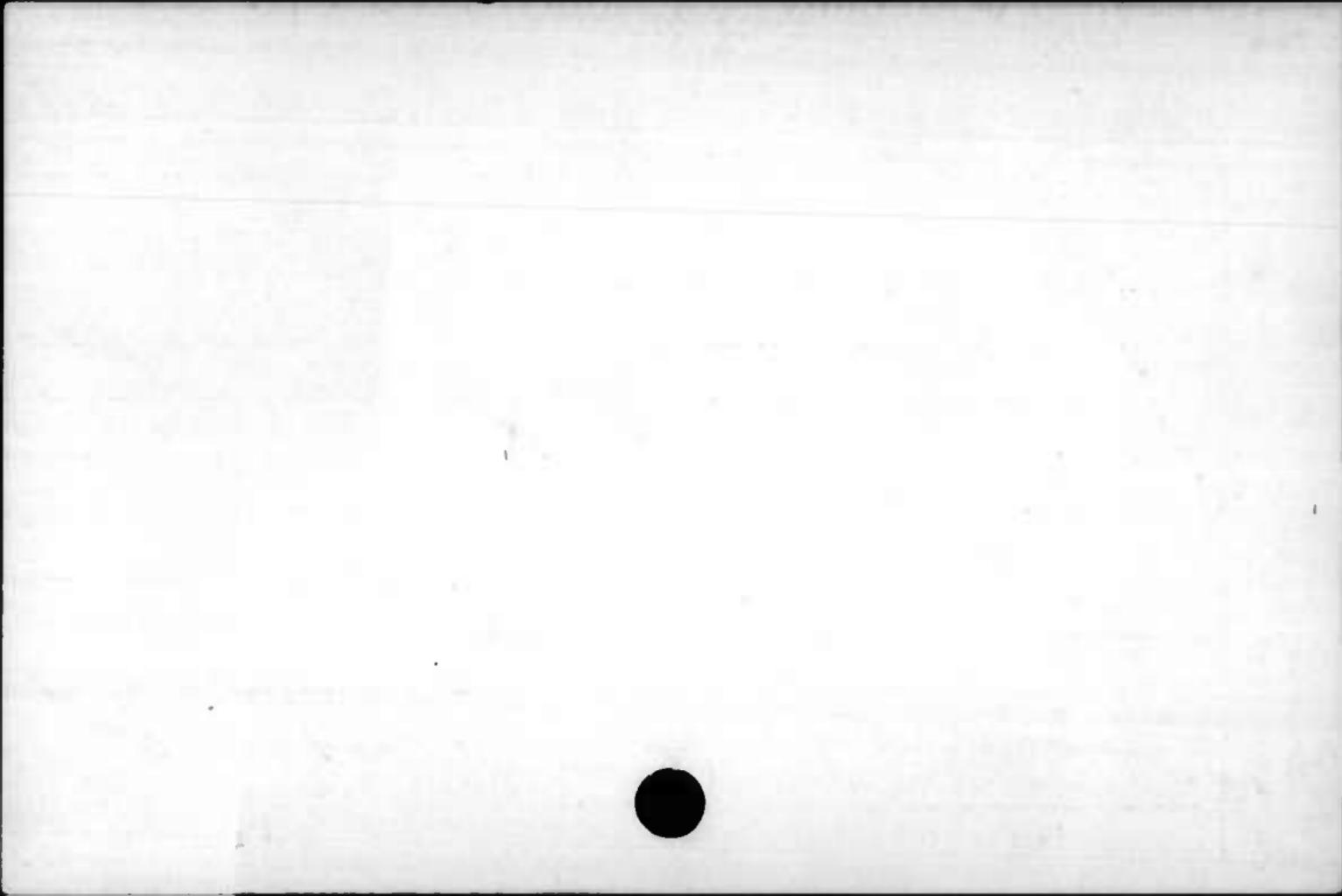
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County			MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1905	March	9	73		5	14	
Sex	Male	Color or Race	white	Birth-place	Md		
Occupation	Retired	Where Residing if not at place of death			—		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Mouse				
Father's Name				Father's Birthplace	—		
Mother's Maiden Name				Mother's Birthplace	—		
Name of person giving Information	Mary Mouse			How related to deceased	Wife		

CAUSES OF DEATH

Primary	Congestion of lungs		How long	2 week
Immediate	Apoplectic		How long	1 h
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	P. L. Howard
			Address	100 W. Maryland St. Lumberton, Md.
Accident or Suicide?		W		



Name
In
Full

Richard Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Frostburg	Allegany			
Date of death	Month	Day	Years	Months	Days
1905	3	24	64		
Sex	Color or Race	Birth-place			
Male	White	England			
Occupation	Where Residing if not at place of death				
Worker	Dart Knew.				
Married, Single or Widowed	Name of Wife or Husband				
Married	Dart Knew.				
Father's Name	Dart Knew.		Father's Birthplace	England	
Mother's Maiden Name	Dart Knew.		Mother's Birthplace	England	
Name of person giving Information	Eli Morgan	99	How related to deceased	Unknown	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Ames' Rellina	How long	2 years
Immediate	Bronchitis	How long	2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Excellent

Year

Name
in
Full

Frank W. Offcott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	190	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	60		
Occupation	old Farmer					
Married, Single or Widowed	Where Residing if not at place of death					
Name of Wife or Husband	Alice					
Father's Name	James W.					
Mother's Maiden Name	S. J. Offcott					
Name of person giving information	Son of deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Disease of heart 79

How long

2 years

Immediate

Accident of heart

How long

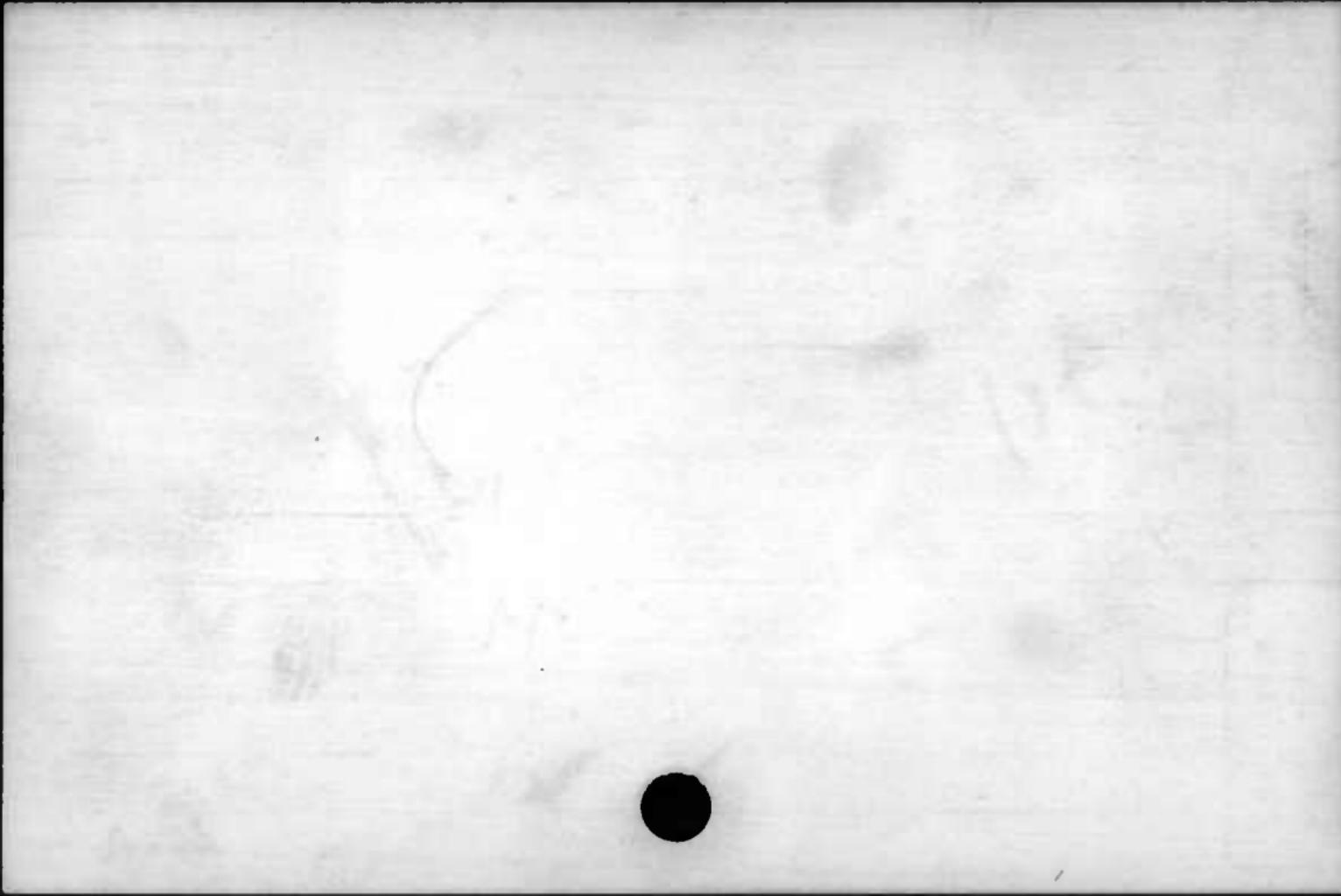
afterwards

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>morning</u>		Town <u>Allegany</u>	County <u>Allegany</u>	MARYLAND		
Date of death <u>1905</u>	Month <u>March</u>	Day <u>1</u>	Years <u>66</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-Place <u>Scotland</u>		
Occupation <u>Retired Miner</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Spouse</u>	Name of Wife or Husband <u>Rachel Morgan</u>					
Father's Name <u>Thomas Peoples</u>						Father's Birthplace <u>Scotland</u>
Mother's Maiden Name <u>Isabella Douglas</u>						Mother's Birthplace <u>Scotland</u>
Name of person giving information <u>Mr. J. M. Peoples</u>						How related to deceased <u>Wife</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>La-Grippe & Congestive pleurys</u>	How long <u>3 weeks.</u>
Immediate <u>Cysterna Bacterica</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. B. Kilmer</u>
	Address <u>100 Skilling Longmeadow</u>
Accident or Suicide? <u>W.W.</u>	

Name
in
Full

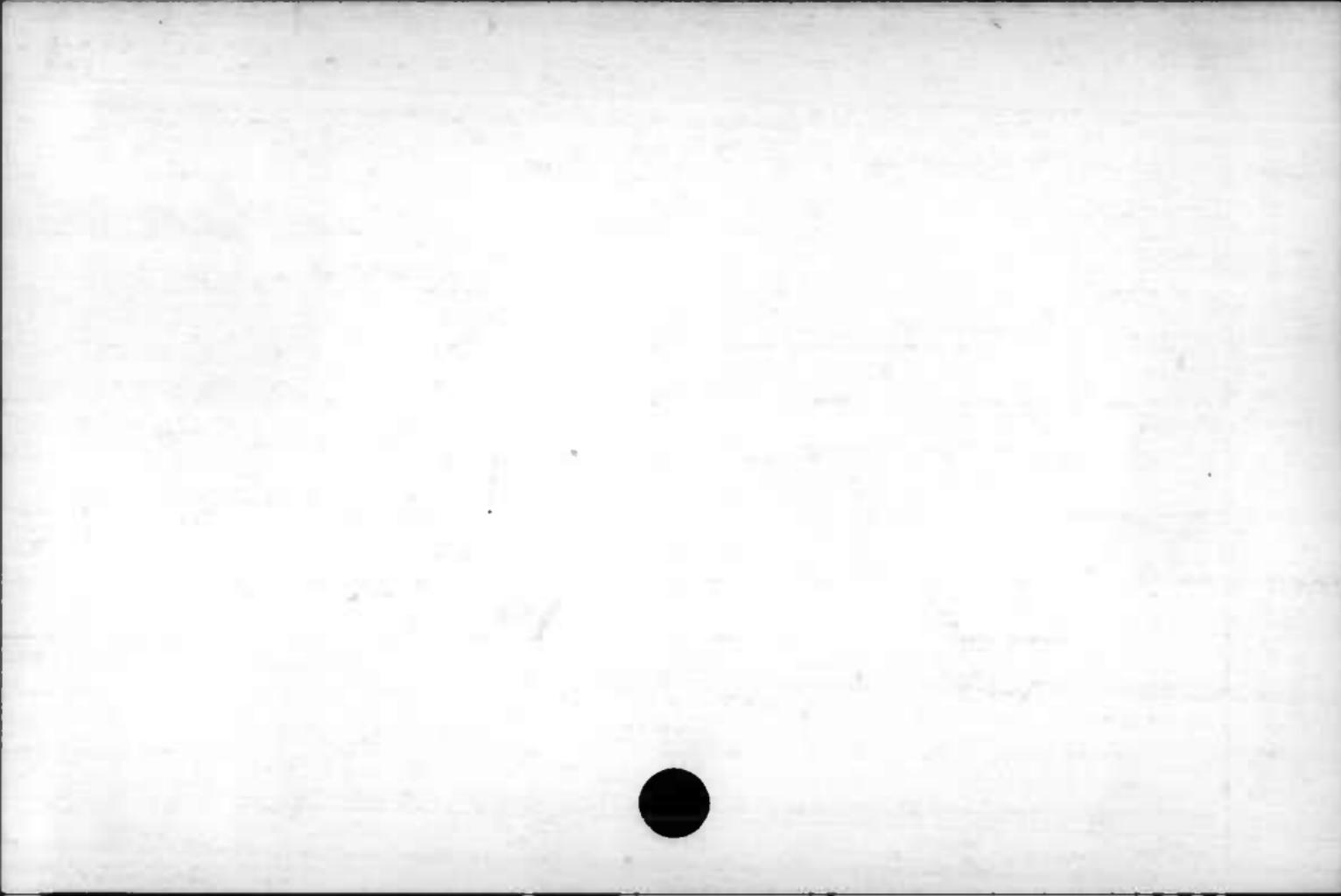
TO BE ANSWERED BY
NEAREST FRIEND

Alfred Pollard

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1905	Month March	Day 19	Years 36	Months -	Days -	
Sex	Male	Color or Race	White		Brockin S. Wales		
Occupation	Engineer.		Where Residing if not at place of death		Brockin S. Wales		
Married, Single or Widowed	Married	Name of wife	Grace J. Slimmons		England		
Father's Name	Alfred Pollard		Mother's Maiden Name		S. Wales		
Mother's Maiden Name	Grace J. Slimmons		Name of person giving information		How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Diphtheria			How long		
	Immediate	Abscess of liver			3 weeks, 10 days,		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	Address		
J. S. Skilling				Lansdowne			
Accident or Suicide?				No			

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



CERTIFICATE OF DEATH

MARYLAND

Died at

John Kim Farley
Mr. Savage

Town

County

Date
of death 190

5 - Month

Year

Years

Months

Days

5 - March

83

Sex

Male

Color or
Race

Age

White

Birth-
place

Married, Single
or Widowed

Married

Occupation

Lumberman

Name of Wife or
Husband

Father's
Name

Mother's
Maiden Name

Name of person giving
Information

Father's
Birthplace

Mother's
Birthplace

How related
to deceased

Son-in-law

CAUSES OF DEATH

Primary

Probably Bright's 120
Cardiac Tynepo, weak

How long

3 or 4 years

How long

Immediate

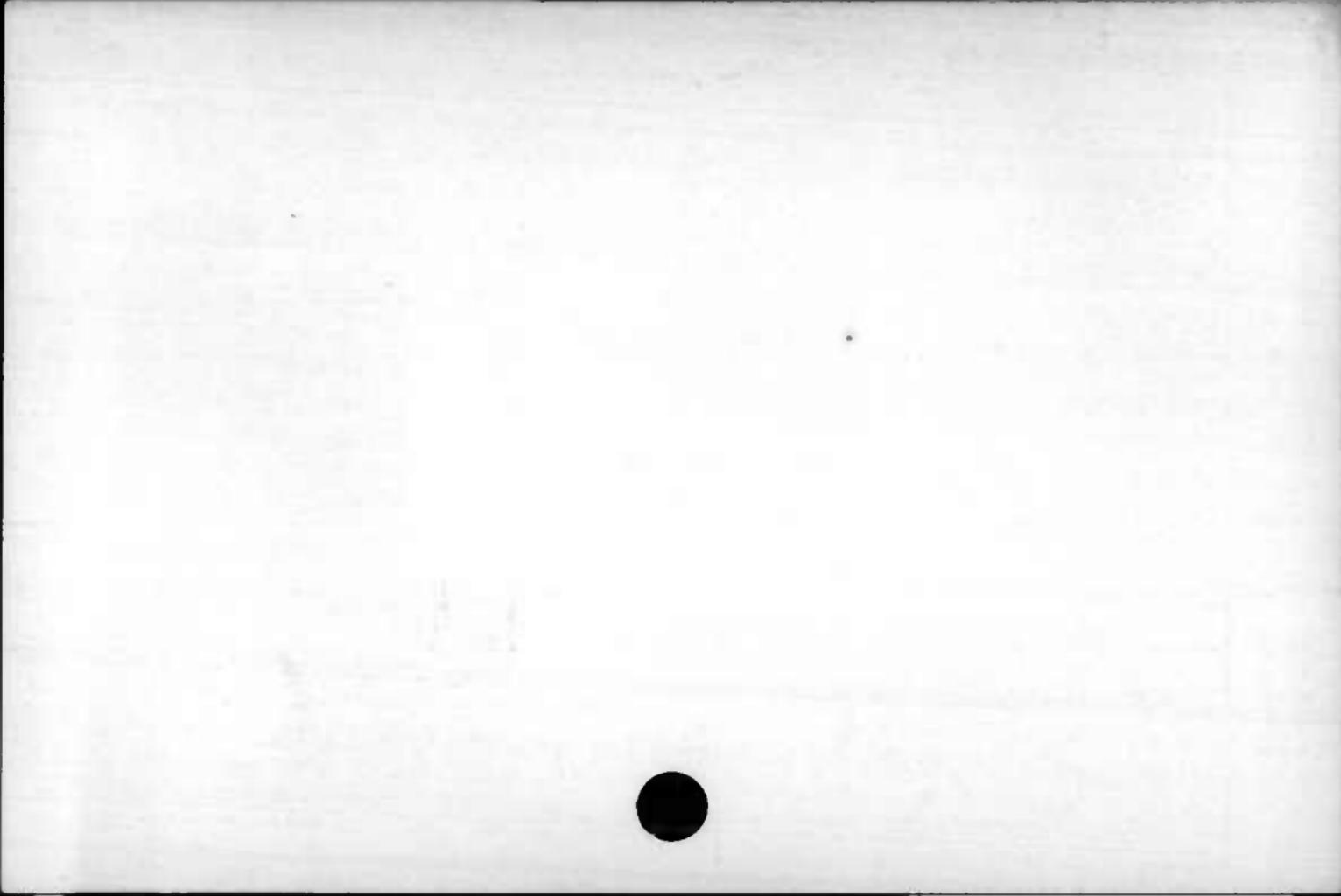
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Edward Farley
Mr. Savage

Accident or Suicide?



Name
in
Full

William B. Poland

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905	Month 3	Day 6	Years 86	Months 10	Days 19	
Sex	Male	Color or Race	White		Birth-place	Maryland	
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	John Poland			Father's Birthplace	Va.		
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information	W.W. Poland			How related to deceased	Nephew		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

15

How long about 10 days

Immediate

old age (Heart failure)

How long

Are the name, age, sex, color, date and place correctly given above?

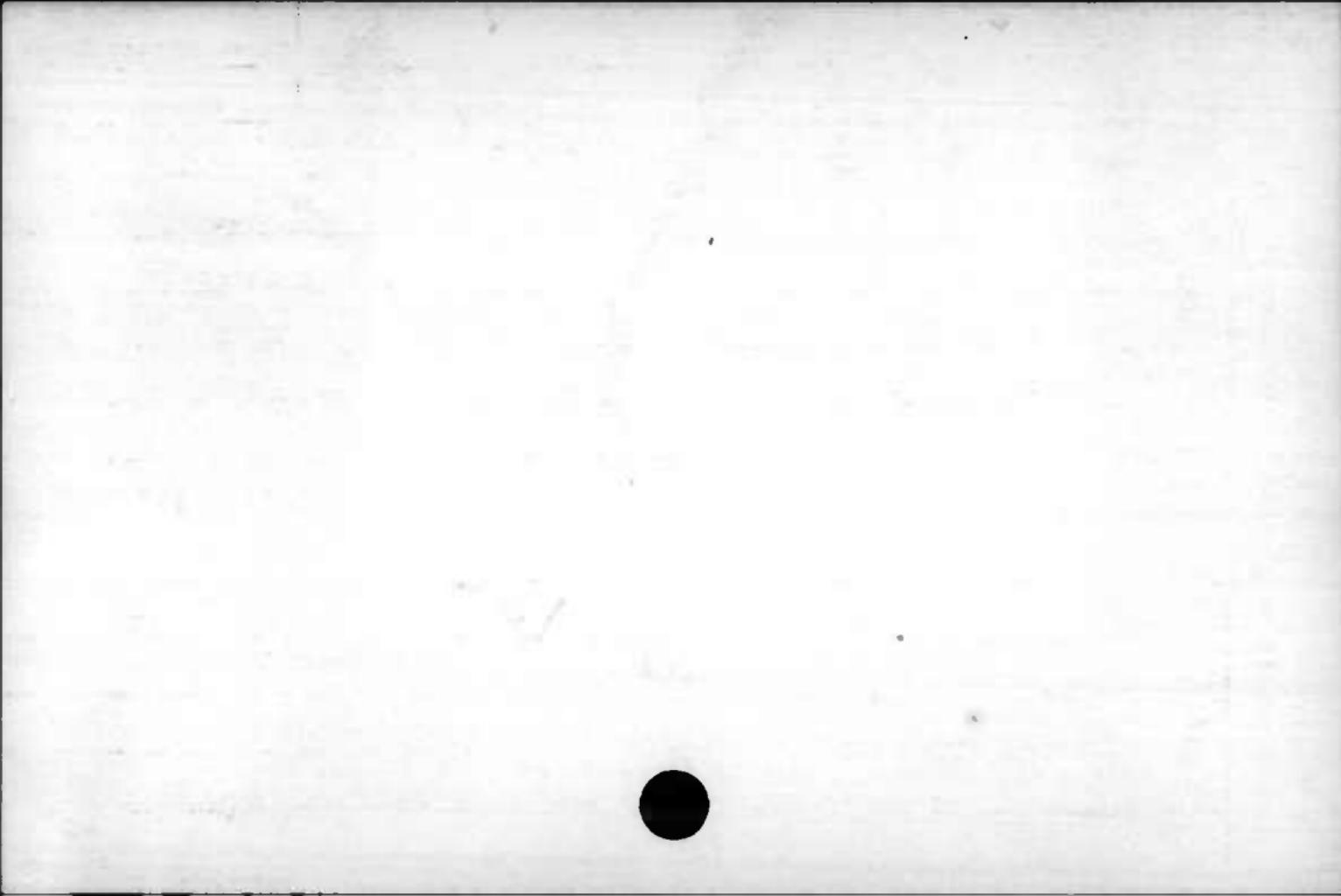
Signature of Physician

Address

JB Shupe

Westminster
Md

Accident or Suicide?



Name
in
Full

Jacob M. Powell

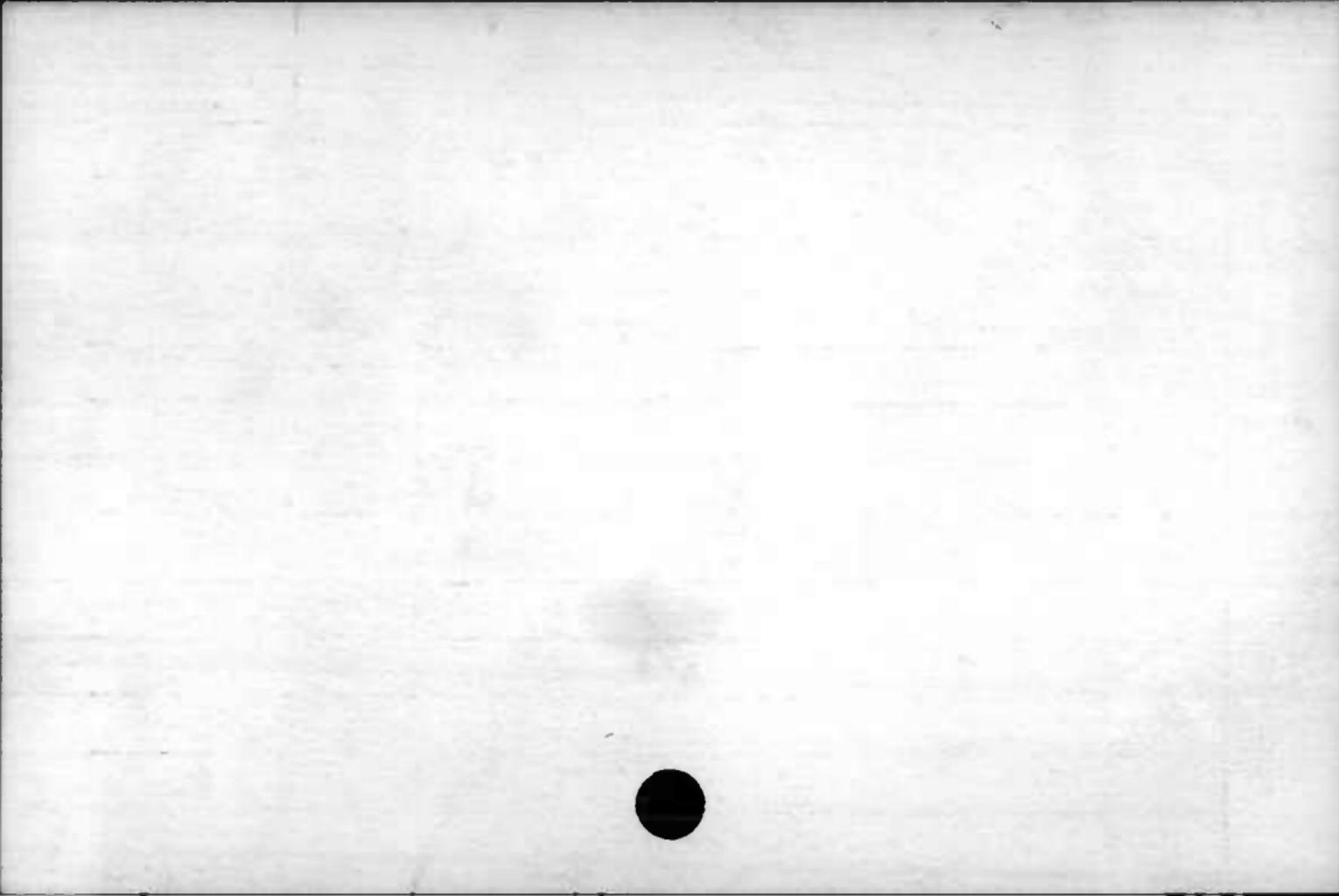
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Glenshaw</u>		County <u>Allegheny</u>		MARYLAND	
Date of death <u>190</u>	Month <u>3</u>	Day <u>26</u>	Age <u>74</u>	Months <u>5</u>	Days <u>3</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth- place <u>Maryland</u>			
Occupation <u>Farmer</u>	Where Residing If not at place of death <u>Devosa of yours</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Devosa of yours</u>				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information <u>Mrs C. P. Kendall</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

Primary <u>Progressive Paral.</u>	How long <u>4 years</u>
45s	How long <u>66</u>
Immediate <u>Same</u>	How long <u>66</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. A. Parsons</u>
	Address <u>Pendleton W. Va.</u>
Accident or Suicide? <u>No</u>	

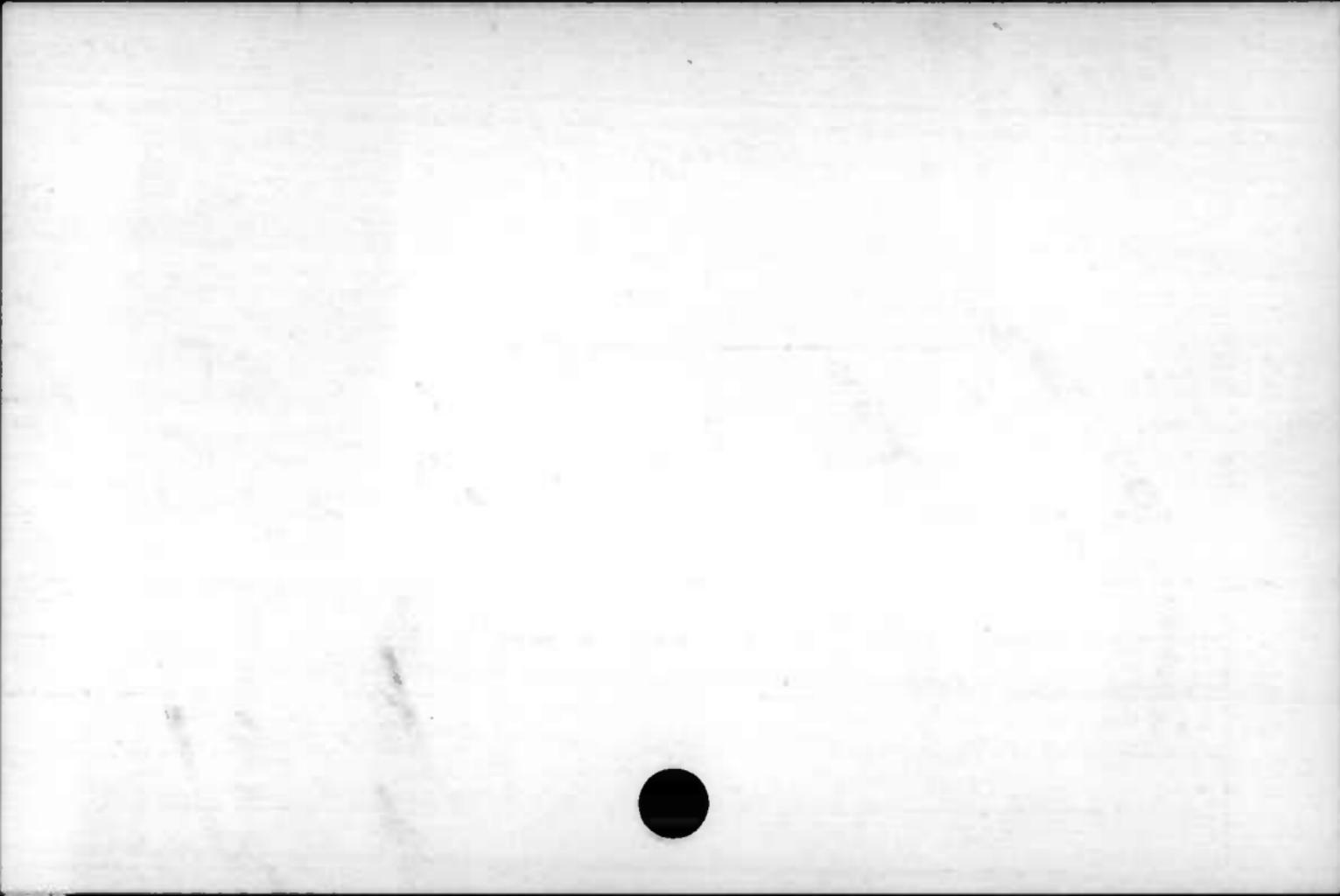


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs. Matilda Ritter						CERTIFICATE OF DEATH		
Died at		Town	County			MARYLAND		
Date of death	1905	Month Mar	Day 10	Years 61	Months	Days		
Sex	Female	Color or Race	White			Birthplace	Bladensburg Pa	
Occupation	Housewife			Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife Husband	William Ritter			Father's Birthplace	Bladensburg Pa	
Father's Name	Lori Linn						Mother's Birthplace	" " "
Mother's Maiden Name	Magdalena Ritter						How related to deceased	" " "
Name of person giving information	Wm. Ritter 40						Husband	
CAUSES OF DEATH								
Primary	Carcinoma of Stomach						How long	One year
Immediate	Peritonitis						How long	3 months
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		Address		
J.W. Ritter				W.Q. Shilling,		Lonaconing.		
Accident or Suicide?								



Name
in
Full

Infant of A. A. Roder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Died at	Cumberland		area	q	Months	Days	
Date of death	1905	Month	Day	Years	—	1	
Age	—						
Sex	male	Color or Race	white	—	Birth-place	MD	
Occupation	None	Where Residing if not at place of death			—		
Married, Single or Widowed	—	Name of Wife or Husband	—				
Father's Name	Aug. A. Roder			Father's Birthplace	MD		
Mother's Maiden Name	Annie Parker			Mother's Birthplace	MD		
Name of person giving information	A. A. Roder			How related to deceased	Mother		

CAUSES OF DEATH

Primary

Premature birth

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

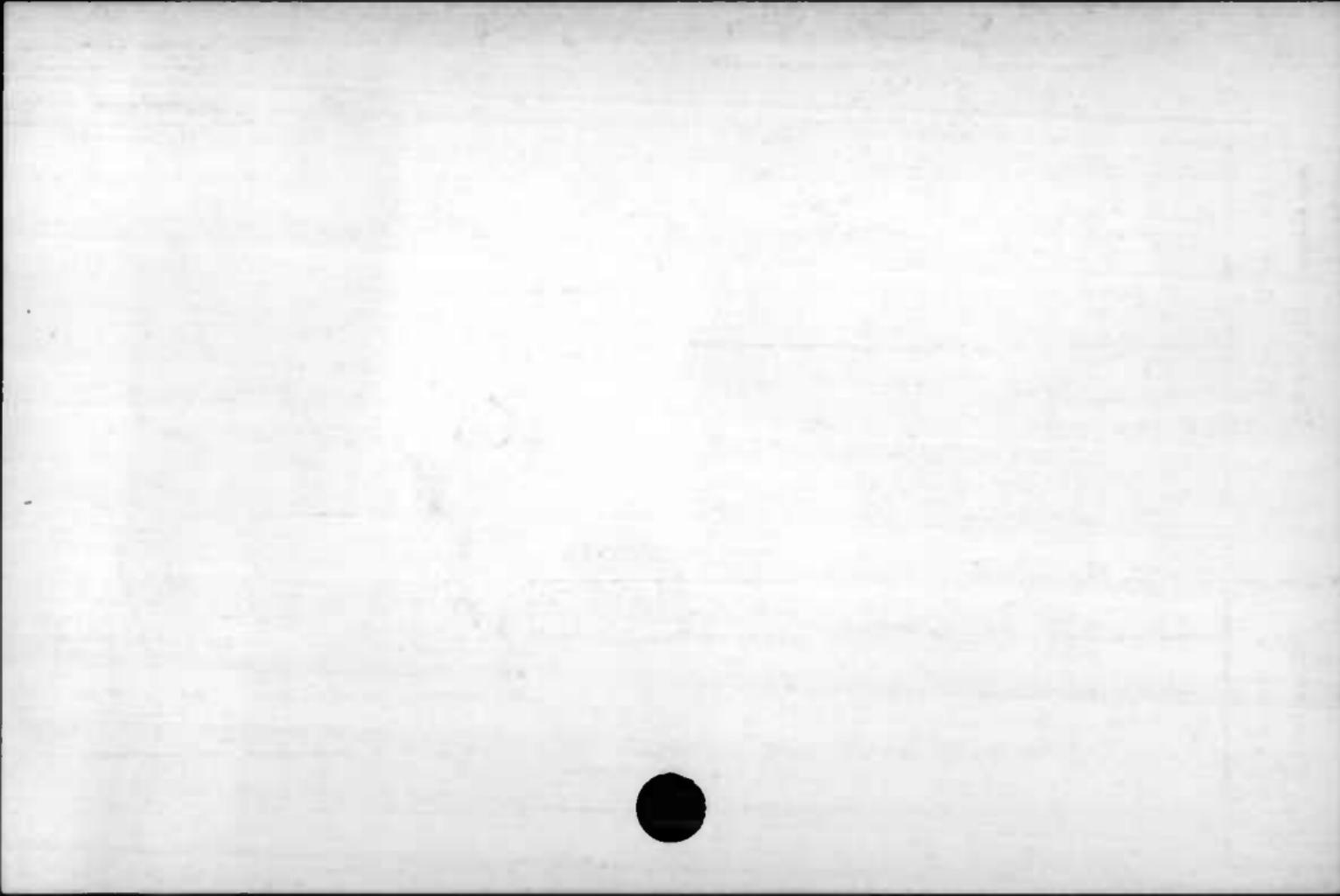
Signature of Physician

Q. J. Prosser

Address

Cumberland
Md

Accident or Suicide?



TO BE ANSWERED BY

NEAREST FRIEND

<i>John Shaw</i>				CERTIFICATE OF DEATH			
Died at <i>Moscone - Bealeview</i>		Town <i>Bealeview</i>		County <i>Allegany</i>		MARYLAND	
Date of death <i>1905 - March</i>	Month <i>March</i>	Day <i>23</i>	Age <i>82</i>	Years <i>82</i>	Months <i>3</i>	Days <i>11</i>	
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Bealeview</i>					
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Nancy Michaels</i>						
Father's Name <i>Henry Shaw -</i>	Father's Birthplace <i>England</i>						
Mother's Maiden Name <i>Lidney Thompson</i>	Mother's Birthplace <i>Don't know</i>						
Name of person giving information <i>Mr John Shaw</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

*Cancer of Stomach**40*

How long

4 months

Immediate

Inanition

How long

1 month

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

James O. Bullock

Address

Son a coming Maryland

Accident or Suicide?

No -



Name
in
Full

James Shea

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	Allegany.			County	Allegany		MARYLAND
Date of death	Month	Day	Age	Years	Months	Days		
1905	3	29	21	5	6			
Sex	Color or Race				Birth-place	Md		
Occupation	Chewd	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband							
Father's Name	James Shea			Md				
Mother's Maiden Name	Ellen Hamilton			Md				
Name of person giving information	May Shea			Brother				

CAUSES OF DEATH

Primary

Scarlet Fever

How long

2 weeks

Immediate

Acute Bright's Disease

How long

6 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Montgomery MD
Brookland Md

Accident or Suicide?

from

Catholic Cemetery

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John J. Smiley

Town

CERTIFICATE OF DEATH

MARYLAND

Died at	County				
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	48		
Occupation	Where Residing if not place of death				
Married, Single or Widowed	Name of Wife or Husband	Lumber Camp Miss house			
Father's Name					
Mother's Maiden Name					
Name of person giving information					

CAUSES OF DEATH

Primary	Typhoid fever	How long
Immediate	Perforation of Bowels	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Wm. G. Twigg
Cumberland Md

Accident or Suicide?

Wolfgang Stein

Andrew Spearman

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Died at		Baltimore	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1905	March	18	63	—	—		
Sex	Male	Color or Race	White	Birth-place	Iceland		
Occupation	Laborer		Where Residing if not at place of death	—			
Married, Single or Widowed	Widower		Name of Wife or Husband	—			
Father's Name	—		Father's Birthplace	—			
Mother's Maiden Name	—		Mother's Birthplace	—			
Name of person giving information	Andrew Spearman.		How related to deceased	Son			

CAUSES OF DEATH

Primary	79	✓	How long
Immediate	Heart Disease.		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Body shipped to

Address
83 Claybrook.

Accident or Suicide? Pittsburgh.

Phone 521



Name
in
Full

Benjamin F. Stokes

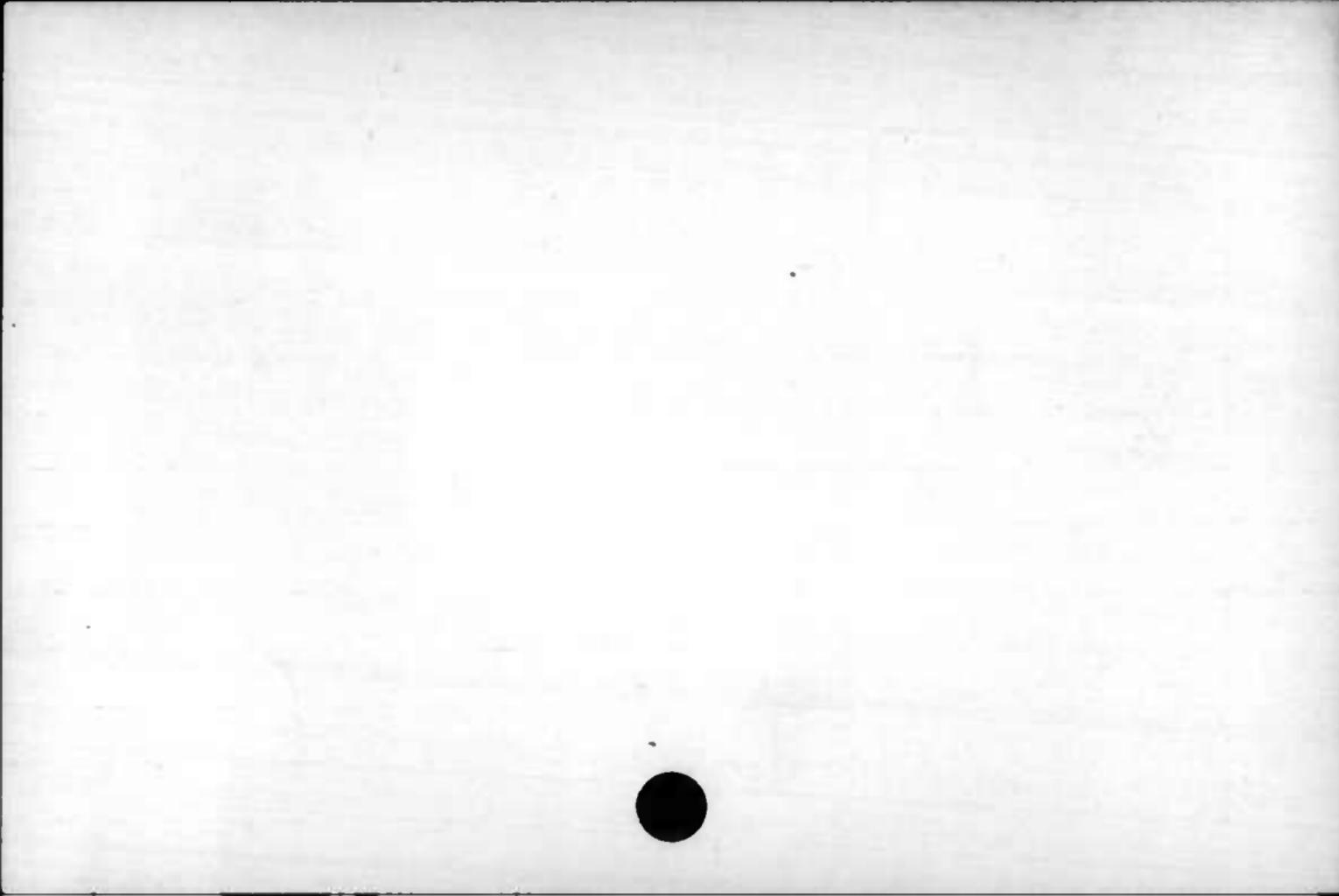
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1905	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	Age	68	9		
Married, Single or Widowed	Married		Occupation	Labmer			
Name of Wife or Husband	Sarah Sloan						
Father's Name	Ben P Stokes		Father's Birthplace	New Hampshire			
Mother's Maiden Name	Grena A. Stokes		Mother's Birthplace	New Hampshire			
Name of person giving information	Alvyn Stokes 64		How related to deceased	Son			
CAUSES OF DEATH							

Primary	R. Cerebral Hemorrhage		How long	18 hours	
Immediate	Paralysis left side		How long	6 hours	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	F. Alan G. Murray		
		Address	Mt Savage Md		
Accident or Suicide?					

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Bethrice Timmons

Town

County

Died at

Laurel

age

MARYLAND

Date

of death

1905

Month

Month

Day

Day

Years

Years

Months

Months

Days

Days

Age

Age

Age

Age

Sex

Sex

Color or

Color or

Race

Race

White

White

Birth-
place

Birth-
place

Ma

Ma

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

J L Sniffen

son

CAUSES OF DEATH

Primary

Old age

154 ✓

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Dr J W Johnson
Camden
Md.

Address

Accident or Suicide?



Name
In
Full

Wiss Traffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>undisclosed</u>		Town	County <u>Aubrey</u>	MARYLAND		
Date of death <u>1905</u>	Month <u>3</u>	Day <u>16</u>	Years <u>52</u>	Age	Months <u>-</u>	Days <u>-</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Fredrick Co. Md</u>				
Occupation <u>Miner</u>	Where Residing if not at place of death <u>-</u>					
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Mary Tighe</u>					
Father's Name <u>Charles Traffer</u>	Father's Birthplace <u>Good Germany</u>					
Mother's Maiden Name <u>Catherine Dretz</u>	Mother's Birthplace <u>Md.</u>					
Name of person giving Information <u>Anthony Traffer</u>	How related to deceased <u>Brother</u>					

CAUSES OF DEATH

Primary	<u>Fall of coal - crushing chest</u>	How long <u>few months</u>
Immediate	<u>clock</u>	How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>V. M. Oliver</u>
		Address <u>Frostburg Md.</u>

Accident or Suicide?

Lydia

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<i>John Frederick Trost</i>						CERTIFICATE OF DEATH	
Died at <i>W. Savage</i>			County <i>Allegany</i>			MARYLAND	
Date of death 1905	Month <i>March</i>	Day <i>14</i>	Age <i>47</i>	Years <i>47</i>	Months <i>8</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>					
Married, Single or Widowed <i>Married</i>	Occupation <i>Baker</i>						
Name of Wife or Husband <i>Louisa Tunkeldey</i>							
Father's Name <i>Justus Trost</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Elizabeth Tunkeldey</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>Louisa Trost</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis 2

How long

6 months

Immediate

Hemoptysis & Double Pneumonia

How long

8 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

F. Alan E. Murray

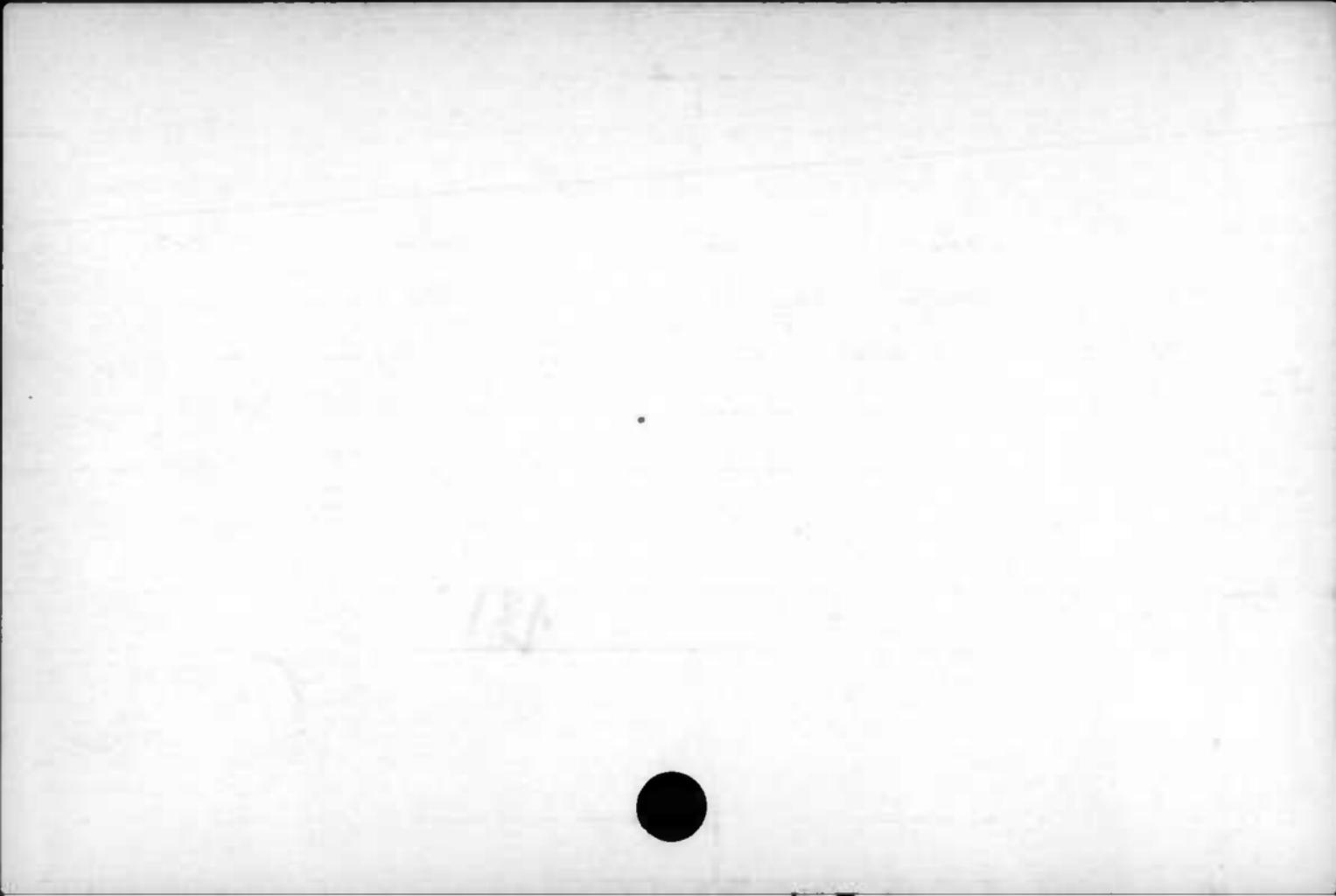
Address

W. Savage

Md

Accident or Suicide?

Accident



Name
in
Full

Paul Taylor Deitchel

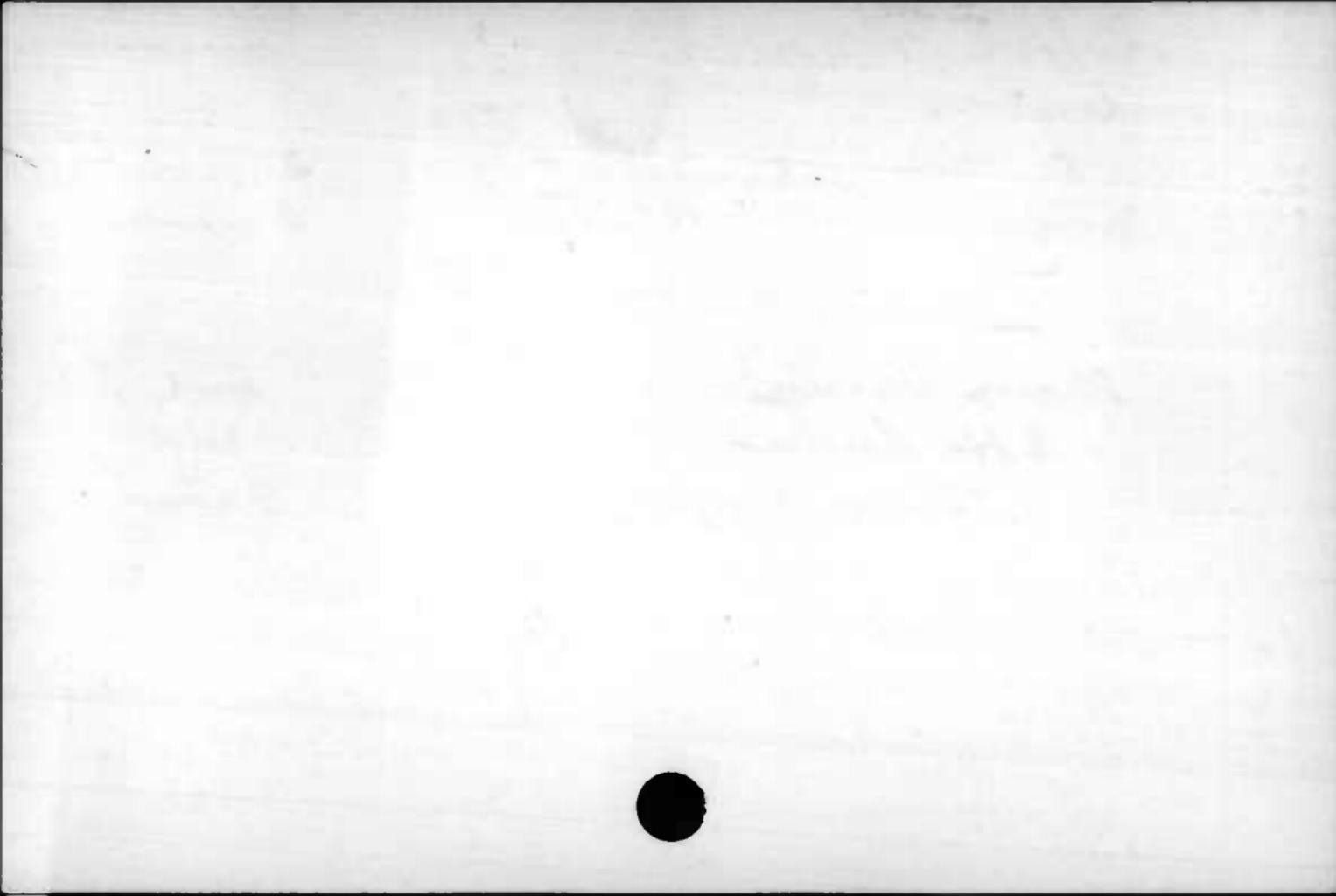
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1905	Month Mar	Day 30	Age 2	Months 8	Days 16
Sex	m	Color or Race	w	Birth-place	mr	
Occupation	—			Where Residing if not at place of death	—	
Married, Single or Widowed	—	Name of Wife or Husband	—			
Father's Name	W. W. Deitchel			Father's Birthplace	—	
Mother's Maiden Name	Fannie Taylor			Mother's Birthplace	Ms	
Name of person giving information	S. B. Taylor			How related to deceased	Brother	

CAUSES OF DEATH

Primary	Mumps	19	How long	2 weeks
Immediate	Sequelae	✓	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Address		
		C. H. Brace M.D. Cumbd Md		
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Robert Wagleley

CERTIFICATE OF DEATH

Died at <u>Crusada</u>		Town <u>Crusada</u>		County <u>alleg</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>March</u>	Day <u>8</u>	Age <u>—</u>	Years <u>—</u>	Months <u>3</u>	Days <u>—</u>		
Sex <u>Male</u>	Color or Race <u>White</u>					Birth-place <u>Crusada</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>							
Father's Name <u>Barry Wagleley</u>			Father's Birthplace <u>Ind</u>					
Mother's Maiden Name <u>Effa Turner</u>			Mother's Birthplace <u>Ind</u>					
Name of person giving Information <u>Barry Wagleley</u>			How related to deceased <u>Father</u>					

CAUSES OF DEATH

Primary

Convulsions

How long

71

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

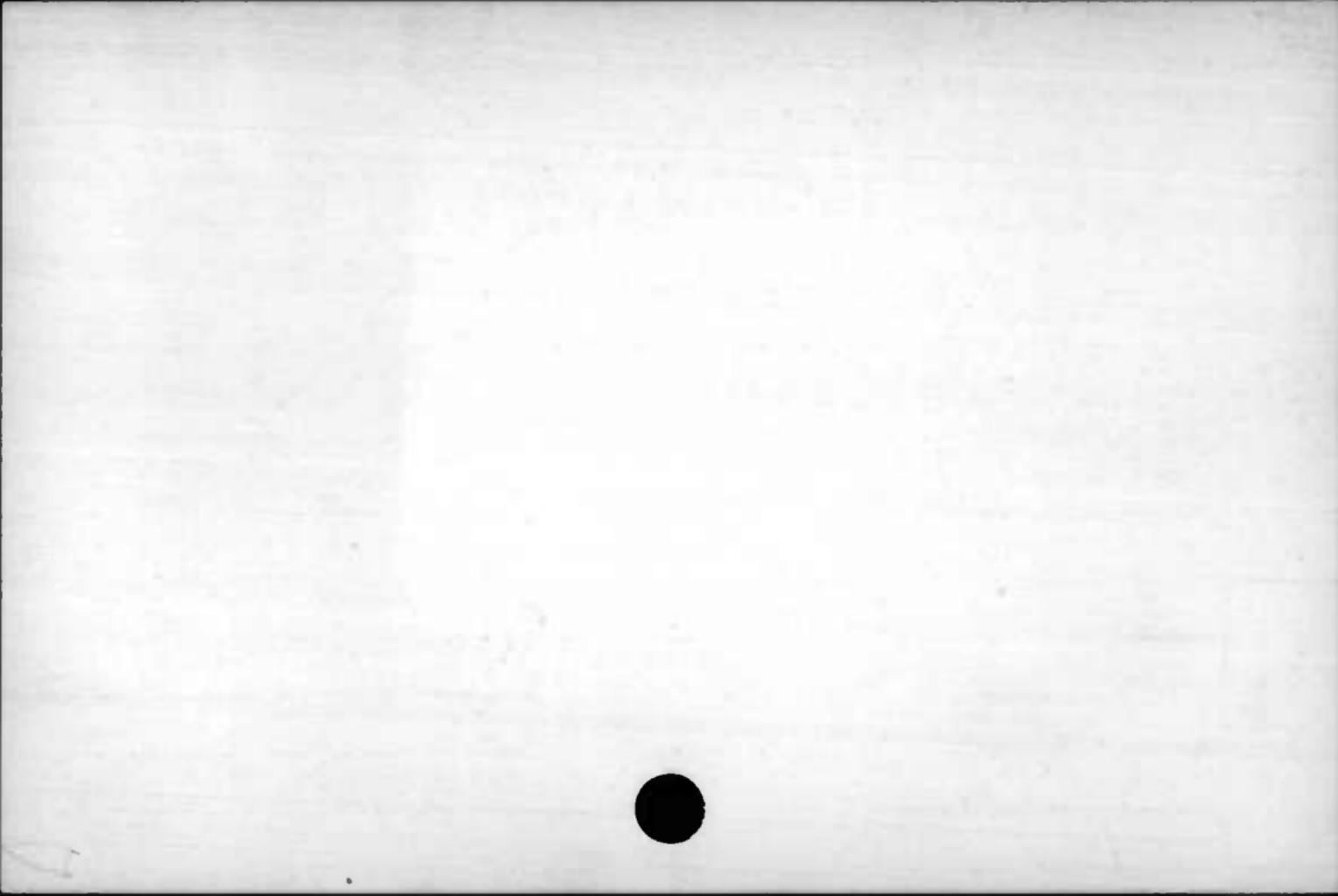
Signature of Physician

Address

Dr. F. S. Walker

Champland

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Stella Blanch Ward

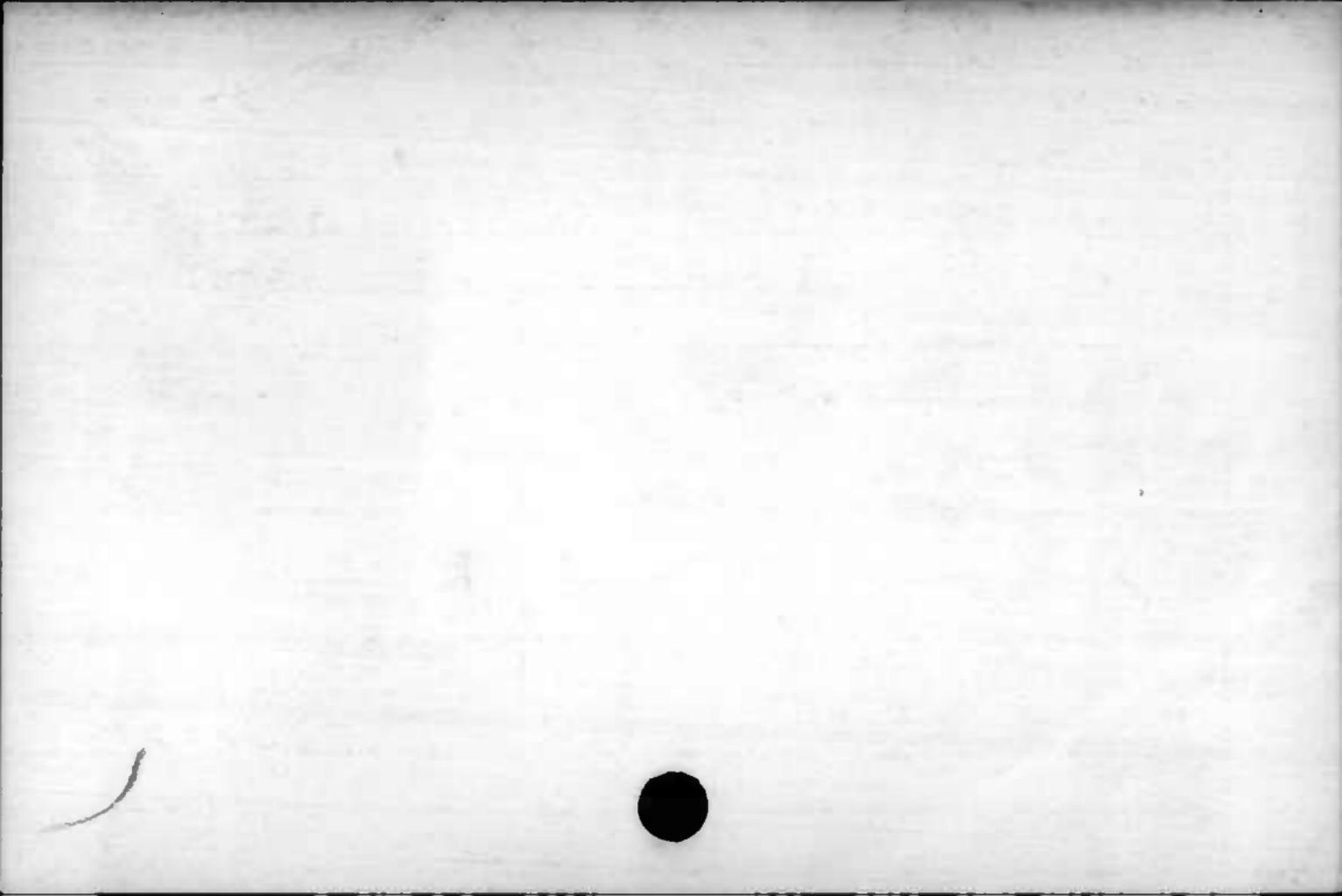
CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Birth-place			
Occupation	Where Residing if not at place of death					-
Married, Single or Widowed	Name of Husband		W. S Ward			
Father's Name	L H Fisher					Father's Birthplace
Mother's Maiden Name	Mary 11					Mother's Birthplace
Name of person giving information	L H Fisher					How related to deceased

CAUSES OF DEATH

Primary	Gingg Troubles	
Immediate	99	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Henry Webster				CERTIFICATE OF DEATH		
Died at	Time	County		MARYLAND		
Date of death 1905	Month	Day	Age 30	Months 8	Days	
Sex Male	Color or Race	Where Residing if not at place of death	Birth place	Champlin, Minn.		
Occupation Laborer						
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name John W. Webster		Father's Birthplace	Louisville, Ky.			
Mother's Maiden Name Anna Smith Hall		Mother's Birthplace	Frederick, Md.			
Name of person giving Information	John W. Webster	How related to deceased	Father			
CAUSES OF DEATH						
Primary	Tuberculosis 27 years					
Immediate	Exhaustion					
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		How long	
Yes			J. Cleber		How long	
			Frattin			
Accident or Suicide? No						

to m

allegheny
County

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

David Y. Williams

CERTIFICATE OF DEATH

Died at Brookings Town

County

MARYLAND

Date of death 1905 Mar

Month

Day

Year

Months

Days

Age

Color or
Race

Birth-
place

Sex M

white

Wales

Occupation

Where Residing if not
at place of death

Retired Miner

Frances Williams

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Birthplace

Father's
Name

Wales

Mother's
Maiden Name

Mother's
Birthplace

Wales

Name of person giving
Information

How related
to deceased

Harry Y. Williams

Son

CAUSES OF DEATH

Primary

Plastic Indigestion 10X How long
old aged Cardiac Factor on day

Immediate

How long

Are the name, age, sex, color and place correctly given above?

How long

Yes

Signature of
Physician

Address

J. Griffith
Brookings Ind

Accident or Suicide?

John

Alleghany County

Dorothy S

Name
in
Full

Henry Williams

CERTIFICATE OF DEATH

Died at

Town

County

Frostburg

Alleg

MARYLAND

Date
of death

1905 Mar 17

Month

Day

Years

Age

71

Months

Days

Sex

Occupation

Color or
Race

White

Birth-
place

Wales

Married, Single
or Widowed

Name of Wife or
Husband

Where Residing if not
at place of death

TO BE ANSWERED BY
NEAREST FRIEND

Father's
Name

Father's
Birthplace

Wales

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Grippe & Bronchitis & Pulmonary
Inflammation

How long

14 month

Immediate

Exhaustion & heart failure

How long

on week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. Griffith
Frostburg
Md

Accident or Suicide?

G.M.

allegheny County -

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

in part of Orion Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Carroll</u>		Town <u>Carroll</u>		County <u>Carroll</u>			
Date of death <u>1905</u>	Month <u>Mar</u>	Day <u>27</u>	Age <u>-</u>	Years <u>-</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>Male</u>	Color or Race <u>White</u>						Birth-place <u>Md</u>
Occupation <u>Painter</u>	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	<u>Orion O Wilson</u>						
Mother's Maiden Name	<u>Gula Pressman</u>						
Name of person giving information	<u>Orion O Wilson</u>						

CAUSES OF DEATH

Primary

Stiffen

81

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

DeKoon

Accident or Suicide?



Name
in
Full

Louisinda Yantz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Barrellsville		Allegany					
Date of death	1905	Month 3	Day 15	Age 73	Years	Months 10	Days 12
Sex	Female	Color or Race	White	Birth-place Lumb. Valley, Pa			
Married, Single or Widowed	Meadow		Occupation	None			
Name of Wife or Husband	Henry Yantz						
Father's Name	Benjamin Burkett						
Mother's Maiden Name	Rebecca Caster						
Name of person giving information	Thomas Yantz						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General debility

154 ✓ mos.

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Park Smith
Galloway

MD

Accident or Suicide?

No

51



10

4

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James J. Yost

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Ellerslie</u>		County <u>Alle</u>			
Date of death <u>1905</u>	Month <u>Mar</u>	Day <u>18</u>	Years <u>60</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Dir</u>			
Occupation <u>Labourer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	<u>Garrett Clark</u>			How related to deceased <u>daughter</u>	

CAUSES OF DEATH

Primary

Heart failure 179

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Norman Shorkey
Ellerslie Md

Accident or Suicide?

